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LEADING ARTICLES

NORTHERN INDIA.

ROBERT G. ECCLES, M. D.

BROOKLYN, N. Y.

SIXTH LETTER.

Malaria, Cholera and the Plague—Diabetes a Favorite Affection with Rich Hindoos—Disease Spreading Factors—Density of Population—Great Improvements—Country of Many Tongues—Countess Dufferin—Ancient Glory—Taj Mahal—The Hindoo at Home—The Sacred Ganges—The Golden Temple and its Filthy Sacred Cows—The Pilgrims and Their Enormous Tribute—Reincarnation—Darjeeling and Its Mountain Stream—Calcutta and Its Hospitals.

To the medical man who visits India for the first time professional interest is likely to centre around the endemicity of cholera, plague, malaria, with, possibly, diabetes, this being the centre from which, from time to time, the two first named spread out to become pandemic, and may have been the original source of the last two. To one interested in broad medical generalization no more fascinating topic can be conceived than would be a thorough study of the conditions that contribute toward the perpetuation in

this region of these maladies. The character of the country, the habits of the people, the strange religious beliefs, the past and present political conditions, all, no doubt, contribute a share toward making this a focus of constantly menacing danger to the rest of the world. From this center plague has repeatedly gone forth after having died out in other regions. From the valley of the Ganges Asiatic cholera comes and goes as conditions conspire to favor its spread. This region it never leaves, though it may die out in every other part of the earth. In the Himalayan Tarai, and in the low deltas of the rivers of the East coast, malaria, of the most pernicious type, is always found. Within the Tarai over 50 per cent are thus afflicted. But what is worse still the death rate from this one disease mounts up to 50 per 1000 per annum. It was in Northern India that Major Ronald Ross, inspired by the study and theoretical research of Sir Patrick Manson, was enabled to trace the life history of the malarial protozoan by discovering it in the bodies of Anopheles. It was in Ceylon and India that the presence of sugar in the urine of diabetics was first known, and it is among rich Hindoos that this disease seems to be most frequent. If in any way connected with a pathogenic micro-organism India may have been the country in which it developed its mischievous power.

FACTORS IN THE SPREAD OF DISEASE.

Our route from Bombay to Calcutta led us directly through those parts of the country known to be the worst in all of these diseases. As we proceeded we naturally took note of such conditions as are likely to raise or lower the vital resistance of the people, to aid in the survival of pathogenic micro-organisms, to diffuse or scatter these over this and other countries, and to heighten the virulence. We very early concluded that the conditions that led to famine were the ones that lowered vital resistance most, that religious beliefs led to habits that materially aided in the survival of pathogenic germs, and that pilgrims and pilgrimages are important factors in heightening virulence and spreading disease. A study of caste led me to infer that its restrictive rules may be a survival of hygienic laws once imposed by intelligent Aryans. The ablutions and formalities of cleanliness now practiced look as if they might be remnants of what were at one time more or less clearly conceived pro-

phylactic measures against disease. Some of the high caste priests and modern Arya Samajists entertain, with considerable show of reason, some such idea regarding them. But alas! if this is so, how great the mental degeneracy of the common people. In proceeding from Bombay eastward most tourists make a detour toward the north, in the direction of Delhi, as up there are the chief objects of attraction for visitors. Between Bombay and Delhi lie such interesting points as Surat, Ahmedabad, Mount Abu, Ajmer, Jaipur and Amber. Between Delhi and Calcutta lie Agra, Cawnpore, Lucknow, Benares and Sarnath, all of which every stranger, who can spare the time, is sure to see. In the direction of Nepaul lies Darjeeling, the summer resort of the European residents of Calcutta, and the place where the majority of travelers go who are desirous of seeing the highest mountain peaks in the world.

DENSITY OF POPULATION.

The area of the United States, including Alaska, is 3,602,990 square miles. That of India is 1,766,797 square miles. In our country there are about 80,000,000 people while in India, with about half our area there were 294,360,356 people, when the 1901 census was taken. The density of population is greater than that of Europe while the available farming land is less. The country, from time immemorial has been subject to periodical droughts, yet until England took control no forethought was shown by people or rulers to try to avert such catastrophes. At every such drought famine is inevitable and hundreds of thousands suffer or perish.

THE GREAT CANALS.

Among the most interesting sights that the intelligent tourists see in crossing through the regions mentioned, as well as through the Punjab in the direction of Lahore, are the irrigating canals. Over thousands of miles these valuable engineering works can be seen. They, and the railways on which the tourists travel, are evidences of what England is doing for India. The barren area in the Punjab alone, that has been redeemed, contains 35,000,000 acres. The Chenab Canal supports a population of 532,000 where no one could live before. In this way not only are regions subject to periodical famine saved but new regions are opened up for surplus population. The railway, too, can now take help to regions visited by famine as could not be done before. In the famine of 1900 Great Britain carried, in this way, relief to 6,500,000 people who, under the old rule, would have perished. Through all past

time a million or more dying from famine at each periodical appearance of the same was looked at as the normal condition and was viewed with callous indifference. When multitudes seek to keep soul and body together by devouring filth laden with disease germs, what can be expected as regards the hygiene of such a country?

A COUNTRY OF DIVERSIFIED TONGUES.

We are likely, at the great distance the United States are from India, to look upon the latter as a homogenous country, occupied by a single race of people. No greater mistake could be made. The people of India are as diverse in language, habits, religion, and character as is Europe. Indeed there are more distinct races. Their speech is as unintelligible to one another as is that of a Frenchman to a Slav, or of an Englishman to a Russian. But for this the English could never have been in control. But for this 7,600 British troops could not hold in subjection nearly 295,000,000 of alien people. When the Indian mutiny occurred, in 1857, Britain had only 40,000 home soldiers in the whole country. One year later, when the mutiny was practically subdued, there were only 100,000 there. Should Britain vacate India the Mohammedan masters of the Hindoos would at once take control and repeat the atrocious rule from which England was forced to save them, in order to save English property that both parties to each of many quarrels were destroying and attempting to confiscate. What did the Moguls ever do for India or the Hindoos? What did the Brahmins ever do for the original natives? What we saw during our tour will partly tell. England now permits a number of the native princes still to rule over their respective peoples, interfering with them no more than we interfere with Cuba. She maintains a resident at each court to see that no treason is fomented or measures leading to public injury adopted. She has stopped the murdering of innocent people by the Thugs, the burning of widows on the pyres of their husbands, and the immolation of self-sacrificing saints before the cars of Juggernaut. She has sought to make clean an exceedingly filthy people, by practical sanitation, and has restricted the spread of epidemics by a reasonable quarantine. She has spent every rupee collected, as taxes, on India and on the Hindoos, except so much as was necessary to maintain her supremacy there by the use of proper officers and soldiers. Even in this she has favored natives by putting them into political positions and converting many of them into policemen and soldiers.

COUNTESS DUFFERIN AND HER WORK.

Under Mohammedan rule women were uncared for, particularly during sickness. Now they bless the memory of the Countess of Dufferin, and bless the day that England chose Lord Dufferin as Governor-General. She was their good Samaritan who established a fund that supplies them with female physicians, female nurses and midwives. Their religion kept them from employing male doctors so that they had to go uncared for till this good angel came among them. That her Ladyship has a warm place in her heart toward Americans was shown by her kindness toward the writer, who visited her at her home near Bangor, Ireland, before going on to the Orient. Though myself and wife were strangers to her she personally showed us over her beautiful home, because we were Americans. The lodge-keeper informed us that she is always pleased to meet people from America.

REMNANTS OF OLDEN GLORY.

The contrast between England's way of treating the Hindoos and that of the Moguls is emphatically on exhibition at Delhi and at Agra. Unfortunately few visitors to these places stop to draw the true lesson from the magnificent remnants of their former splendor. Dazzled by the vestiges of the now fading glory only words of praise are ever uttered. Though the Dian-i-'Am no longer contains the peacock throne, nor the Dian-i-Kas its solid silver ceiling, enough is still left to emphasize the significance of the Persian inscription at both ends of the latter hall:

"If heaven can be on the face of the earth.
It is this, oh! it is this, oh! it is this."

Three months before I stood in the Hall of the Embassadors, and walked through the Court of Lions, of the Alhambra, at Granada, Spain. There, like Washington Irving, I had enthused over the beauty of that finest remnant of Moorish art. But what was that stucco work when compared with Delhi? How insignificant it appeared in contrast with the Taj Mahal? The pressed plaster looked truly beautiful, but solid marble and alabaster carved in far more delicate tracery has a witchery for the senses that the Alhambra never could produce. Nor had the latter any of the exquisite mosaics that adorn the walls of Delhi and Agra's palaces and tombs. Once the flowery tracings of floors and walls were genuine rubies, diamonds, sapphires, pearls, and other costly gems. The great throne had its canopy of gold, its massive feet and body of solid gold, the expanded tails of its two peacocks had every feather colored, as in nature, but with precious gems,

the life-sized parrot cut out of a solid emerald, and the royal crimson velvet umbrellas that stood on each side were embroidered and fringed with pearls, the handles being eight feet long of solid gold encrusted with large diamonds. It is estimated that when Nadir Shah, the Persian, ravaged Delhi he carried off precious gems to the value of \$350,000,000 in gold. Among the things he took was the celebrated Koh-i-nor diamond, at that time the largest in the world. Nero is said to have fiddled while Rome burned, but the Great Moguls had their amusement in deserting whole cities of palaces at the slightest whim and rebuilding more gorgeous ones a short distance away from the first. They left the old palaces intact as homes for bats and owls. Even their tombs cost immense fortunes. There are multitudes of them any one of which would be famous were they not outrivalled by the peerless Taj. This is in Agra and strange to say, is the monument built by a Mohammedan over the remains of one of his wives. One of the Seven Wonders of the ancient world was a monument built by a queen over her sovereign husband. It is safe to assume that that wonder did not approach the splendor and indescribable beauty of the Taj Mahal. No other building in all the earth impresses an observer so sweetly or looks as a whole so lovely. This is the verdict of every one who has ever seen and written about it. It is said to have cost \$100,000,000. The carved interior is a wonder of decorative art.

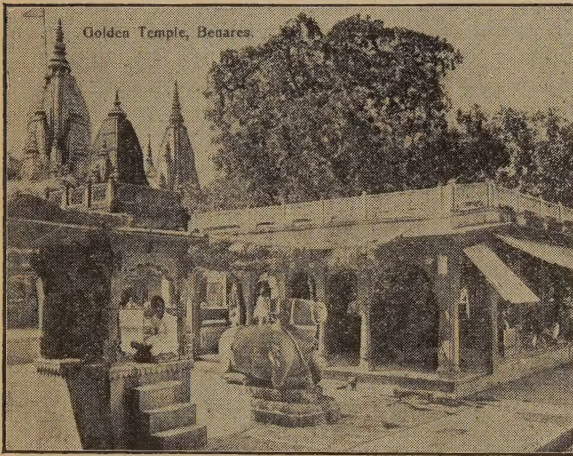
But, from whence came all this money and labor so lavishly displayed everywhere, around the region being described? These Mohammedans surely did not bring it from Arabia? It was all taken in the form of taxes, from their subject, Hindoos. While England collects far less per head from this same people she returns it all to them again. She opens up new farms in deserts for them, she supplies them with water when the rains fail and thus saves them from famine, and she feeds them when famines come to regions that her improvements have not yet reached. In this the two masters differ.

Let England retire from India and no sane person, who has squarely looked the facts in the face, can doubt that the Moslems would again repeat history, by re-establishing the very conditions that made pestilence stalk through the earth.

THE HINDOO IN HIS HOME.

At Benares the tourist has a good opportunity of studying the Hindoo in his own sacred city and seeing what he is as a whole. There are few, if any Swami Vivi Kenandi's there. This gentleman was my ideal of a

true Hindoo until I visited India and was disillusioned. His philosophy sounded very fine to the thousands of Americans that heard him at the World's Congress, in Chicago, and elsewhere through our country. Alas, that philosophy is not the philosophy of Hindostan. Mark Twain, in his "Following the Equator," has much more nearly represented it as I found it. Like many another reader of Twain, the Twain description appealed to me as very funny, but on reaching Benares and seeing it for myself, the fun disappeared. It was solemn truth that he had written. He but states the fact when he says: "With us the poor spend money on their religion, but they keep back some to live on. Apparently, in India, the poor bankrupt themselves daily for their religion."



Golden Temple, Benares.

THE SACRED GANGES.

Not only do they spend it on priests and on temples, but some of them renounce everything in life to get to Benares in order to drink and wash in its per-filthy water. In an early morning sail on the Ganges we saw thousands of these deluded people wash their dirty bodies and dirty clothes in the muddy current. We then saw them lift it to their lips in double handfuls and drink it again and again. Just above them on the stream we saw the calcined bones and ashes of a corpse poured out into the very water they were drinking. All around the drinkers were hundreds washing out their mouths and near them were other hundreds washing dirty feet. The reason for all this is truly told by Twain when he says: "Those people were not drinking that fearful stuff to assuage thirst, but in order to purify their souls and the interior of their bodies." A little farther down and a sewer poured the pollu-

tion of the city into the same stream yet there were still other hundreds drinking that water. Twain must have seen a similar sight for he adds: "The sewer water was not an offense to them, the corpse did not revolt them; the sacred water had touched both, and both were now snow-pure, and could defile no one." On a number of occasions we saw pilgrims that had been to Benares on their way home with the holy water from that stream. Over the shoulders was a yoke on which hung baskets loaded with bottles filled with it. In one case we were over 200 miles from the Ganges and there were five men trudging along each with this kind of a load. They dared not rest their burden on the ground, but must find an elevated post or wall on which to put it. The British had taken pity on such people and fixed resting places for them by the way. In other places we saw old men on the way to Benares tied around the waist with ropes that younger men held fast to as if to urge them along. The old men had long bamboo walking sticks and the young men carried bags with food that was begged along the road. They were going to get that water—a water that has not, for ages, been free from the germs of Asiatic cholera. On their return home, after such a pilgrimage, they are deemed very holy men and the water that they bring back is eagerly sought for. In a trip we took into the country, when at Benares, we found multitudes of pilgrims coming and going to the sacred city. Whole families were passed in which wives and babies, chickens and lambs, beds and bedding were nestling together within panniers strapped to the side of a docile donkey, while the husband trudged along with his bamboo cane. The chickens and lambs were offerings for the priests. In one instance there were five children in a single pannier while the mother rested with the bedding and offerings on the opposite side of the ass. Few of them could have passed muster before an American policeman, so far as their clothing was concerned, yet they had offerings for the priests. Generally they had little more than what looked like a worn-out table cloth around their loins. A number of those clothed in cotton garments had deliberately taken carmine aniline dye and thrown it over themselves, so that they were sprinkled as with blood. Their clothes were streaked and daubed, in the most promiscuous manner, with what was practically red ink. We spent a day visiting the Benares temples. The Golden Temple together with its surrounding subsidiary temples, were loathsome with filth and the odor of oil. As we entered, a big fat priest insisted on supplanting our

guide, Ram Pershad, in order to exact an additional fee from us. When we got in it was for all the world like the interior of an exceedingly dirty cowshed. Sacred cows jostled us at every turn. All over the floors were the diarrheal droppings of these cows. Rows of male and female beggars stood by every entrance. They were all saalaming and praying the white "Sabib" to give them "baksheesh." We passed at least 300 of them. On parting with the priest I handed him a rupee and received his maledictions because I refused to give him three times that sum. He wanted a rupee for each of us, guide included. He was of no earthly use to us so that he was merely endured in order not to make things unpleasant.

The Monkey Temple was hardly as dirty as the Golden Temple, but a more mischievous lot of monkeys I never saw. They roam at large and every visitor is expected to feed them, so that they are kept in good condition. They come up to the visitors and steal from them the nuts and fruit that is brought in for distribution. One imp stole from me a bag of nuts that was intended for the entire lot. He came up behind me and snatched it out of my hand.

THE PILGRIMS AND THEIR TRIBUTE.

At the Sahki Vinayak Temple, or temple of the witnessing deity, crowds of pilgrims stood around awaiting their turns to get certificates from the officiating priests, attesting to the fact that they had paid their devotions to the proper number of temples, been often enough in the holy river, and said prayers enough to win the right to return home as sainted individuals. The rounds these poor dupes had to go and the number of fees they had to pay must have amounted to a considerable sum since there are in Benares over 2,000 temples. These are presided over by 30,000 priests. The priest to whom I paid the rupee sneeringly asked me how far I thought that would go when divided up among the 400 priests of the one institution over which he conducted us. They are always on the lookout for money. But for them, under present rule, the people would be well and prosperous. Slowly the English and American missionaries are establishing schools among them that are sure in time to emancipate enough of them from superstition, to break this yoke. Their religion is not at all like what we call religion. It is true that the Brahmin priests have a religion for themselves that approaches ours, but to the people as a mass religion is only a means of securing good luck in this life and the next. Their prayers are not offered to Brahm, their supreme God, but to Siva, Vishnu, and

other deities that they seek to propitiate for fear of their bringing bad luck to them. The one all-pervading doctrine of India is that of re-incarnation. If a man sins he will be born blind, or lame, or a leper, or a man without caste, or a dog, or a snake, or a pig, at his next incarnation. If he is very sinful he will suffer in Patala before being re-incarnated. In this abode of eternal night the only sounds heard are the screams of sufferers from the crushings, cuttings and burnings they must endure. Every sense and every member of the body has a special suffering to endure. In order to avoid such tortures they pray, go on pilgrimages, give their last cent to priests or pilgrim, and expose themselves to famine and disease. There are degrees in this degeneracy of ignorance and superstition. While some pollute themselves by overwashing in filthy water, there



Hindoo Cremation.

are tribe castes that never wash a single garment that they wear. Should one of them merely dip an article of apparel in water he would be ignominiously expelled from his tribe. These, however, make no pilgrimages to Benares.

DARJEELING AND THE AMERICANS.

While the Brahmanic pilgrims scatter disease all over India it is the Buddhist and Mohammedan pilgrims that take it from India to other parts of the earth. There are about 63,000,000 of Mohammedans in India and every one of these has a longing desire to, some time during his life, go to Mecca. During times of great sickness this desire is at its maximum. When he sees multitudes dying around him he then wants that consolation of his religion that can only be obtained at Mecca. He carries the germ of disease there and when packed in the holy

mosque, with other pilgrims from many parts of the earth, it is no wonder that this should so frequently prove the radiating point of fierce epidemics. At Sarnath, near Benares, is the birth-place of Gautama Buddha and to this place come Chinese, Japanese, Siamese, Burmese, and others as pilgrims. This tends to carry from the same Ganges center the germs of plague and cholera in the opposite direction from that of Mecca. It thus happens that a large part of the earth is sown with fresh germs of diseases that would otherwise die out. The commerce of Europe and America overlaps the paths of these pilgrims so that no part of the earth can escape infection. At one time the Buddhists were the largest body in India, but for some reason as their strength increased abroad it waned in India. While they are strong in Ceylon there are scarcely any of them around Benares. At Darjeeling there are many and up there, in sight of the eternal snows of the Himalayas, their prayer wheels and prayer flags are constantly in evidence. It is a common thing to meet a ragged, dirty, lama carrying his prayer wheel and chanting, as he causes it to twirl around, "Om Mani Padmi Om." Over and over again he reiterates these words in a dreary sing song tone while the boy that accompanies him is begging alms. In the temples are many of these wheels, and devout Buddhists run large ones by water power so as to be able to "pray without ceasing." When one of these people dies two new prayer poles are erected with fluttering prayers on flags that the winds may bring his soul from purgatory. The natives around Darjeeling are more like Chinese than Hindoos. Some of them, however, have such large flat noses that they look very comical. Most of the men dye their beards and so remarkable are the colors that the effect is startling. In Rajputana we had become quite accustomed to the almost carmine beards of the Mohammedans. One of these men seen at Ajmere was at least seven feet high, and well proportioned, but his beard gave him a most ferocious look, with its black roots of new growth and its carmine—not hair—red ends. In Darjeeling there are brick colored beards, carmine beards, purple beards, and greenish-brown beards. The natives are small, but the loads their women carry up those mountains are astonishing. All the porter work is done by women. They all smoke and the smallest children seen in the streets are ever puffing cigarettes. Most of the sickness of Darjeeling comes from the Tarai or from the plains below. It is the summer resort and health resort for the people of Calcutta. They have a very fine sanitarium and the

hotels are good. American tourists were there in abundance during my visit and it was a source of great amusement to me to see them all refraining from drinking pure Himalaya Mountain water, because their family doctors had told them, before leaving home, that they must, while in India, only drink bottled water if they would avoid catching plague or cholera. They were paying the landlord of the hotel exorbitant prices for bottled carbonated water to drink while he offered them, free of cost, what was probably one of the purest and best drinking waters on the earth. On examining the labels on the bottles of the carbonated beverage I was more than astonished at discovering that it was put up at Benares. Of course it was guaranteed as perfectly pure and exceedingly wholesome. To the Hindoo mind there is no water so pure or so wholesome as the sewer and corpse-contaminated product of the Ganges. It may have been a perfectly pure water but, to say the least, any water coming from Benares could not be above suspicion. The circumstance set me to moralizing and wondering whether, after all, conditions rather than mental superiority, was not at the bottom of the differences between the average men and women all over the earth. The Hindoo pilgrims accept, with unquestioning faith, the prescriptions of their priests for their soul's supposed requirements. These American pilgrims were doing the same by the prescription they had received as a prophylactic against bodily ills. Neither used a particle of judgment in connection with their prescriptions. The literal obedience was as superstitious in one instance as in the other.

CALCUTTA, THE INDIAN CAPITAL.

Our last stopping place in India was at Calcutta, the capital of the country. It has a population of nearly one million and is well supplied with colleges, hospitals, and museums, as well as churches, mosques, and temples. In its Royal Botanic Gardens stands what is probably the finest banyan tree (*Ficus indica*) in the world. It covers ground that is but a trifle short of 1,000 feet in circumference. Its 250 aerial roots make it the wonder of the vegetable kingdom. Milton, in *Paradise Lost*, says of it:

"The bended twigs take root, and daughters grow
About the mother tree, a pillared shade,
High over-arched and echoing walks between."

The principal hospitals of Calcutta are the Medical College Hospital, the Ezra Hospital, the Dufferin Hospital, the Campbell Hospital, the General Hospital, the Mayo Hospital, the Eden Hospital, and the Military Hospital. If one might judge from what Mr.

Rudyard Kipling has said about this city it ought to need these and many more. In his "Tale of Two Cities" he refers to Calcutta in the following rather uncomplimentary terms:

"Where the cholera, the cyclone, and the crow come and go;
Stands a city—Charnock chose it—packed away near a bay.
By the sewage rendered fetid, by the sewer made impure,
By the Sunderbunds unwholesome, by the swamp moist and damp."

In "From Sea to Sea" the same author has this to say about it: "For diffused, soul-sickening expansiveness, the reek of Calcutta beats both Benares and Peshawar. Bombay cloaks her stench with a veneer of asafoetida and tobacco; Calcutta is above pretence. There is no tracing back the Calcutta plague to any one source. It is faint, it is sickly, and it is indescribable. It is certainly not an Indian smell. It resembles the essence of corruption that has rotted for the second time—the clammy odor of blue slime. And there is no escape from it." Conditions there must have been very bad when Kipling visited it for my experience of Charnock's choice though less agreeable than was that of Bombay was far from unpleasant. My olfactories are usually pretty good, but I cannot say that I was able to discover any such state of affairs, and yet I went there expecting it. Calcutta has neither the beauty of situation nor architecture that both Madras and Bombay can boast of. The washings of Benares, by the time they get to Calcutta, must be pretty thoroughly oxidized, and therefore disinfected. A little more public spirit, on the part of its citizens, could soon make it as fine a city as Bombay. It already has several quite pretty buildings and promises soon to have more. As it is the capital, and the winter home of the Viceroy, the barbaric instincts of the submerged millions might like to see it imitate the pomp and splendor of the Delhi of the Moguls. It is to this instinct that we are indebted for the highly bizarre durbars. With the developments of time such an instinct is likely to be effaced and the average man of the future will commend the economy of Calcutta unless it should sink to penuriousness. Until India has been cleaned of plague and cholera; until its Tarai has been freed of mosquitoes, and until the last death from famine has been recorded within its borders, it will always seem to men of sane judgment that the Government is acting wisely and well in not spending immense sums in the creating of splendid public buildings or regal palaces. When Mr. Job Charnock chose the small village of Kalikata, as a good place to settle as a merchant, he had no idea that he was fixing a site for the future capital of India.

For the Government to now attempt to move it would mean the adoption of such tyranny as that pursued by Shah Jehan when, in 1638, he abandoned old Delhi for his Shahjehanabad. Such summary measures would be intolerable now. But the Moham-medan Moguls were not alone in this forcible removal of city sites. In 1728 the Maharajah Siwai Jai Singh had all the people of Amber move down to what is now the city of Jaipur. Most Americans, who like myself visit Jaipur, owe a debt of gratitude to the present Mahar-aja for his uniform kindness to tourists. He permits them to see his beautiful gardens, his well filled stables and his interesting palace, besides supplying them with Elephants to visit the beautiful spot which his grand parents deserted—the old city of Amber. It is not therefore with any spirit of



General Hospital, Calcutta.

ill-will that I cannot commend either the change or the method by which it was accomplished. The new city of Jaipur is highly to be commended in that it is the only city built by natives that attempts being sanitary and clean. No other native city has such fine wide streets and but few European or American cities can claim equality in this feature. It is the only native city that is properly illuminated with gas at night. Unfortunately its citizens seem to be held by the firm grip of autocratic power. They must build their houses according to a prescribed pattern and paint them all in the same monotonous red, with light blue stripes. The streets all look alike in both form and color. They look, for the world, like the canvas scenes of an itinerant theatrical company and the onlooker is constantly expecting the scene shifter to come along and prepare for a new act. When he suddenly comes in sight of that fantastic nightmare of queer architecture, the Hall of The Winds, he feels as if the shifting had truly occurred. For eccentricity

of design it probably stands unrivalled on earth. The method of rule pursued by the forebears of the present Maharajah may suit the Hindoos better than the milder rule that England now supervises and they may prefer Mogul tyranny to the present beneficent control, but, if they do, they are to be pitied. In matters of religion they are now left entirely to their own desires. The Mohammedans forced them to abandon Hindooism and become followers of the prophet. Millions of the descendants of those so forced now adhere to that faith, from the power of education. Whatever may be the religion of a Hindoo he is zealous, to a fault, in its support. He is willing to go hungry at any time in order to propitiate his priest and his God. The money spent in this way is something appalling, but as it is given voluntarily no one has a right to interfere other than by persuasion. The poverty of the Hindoos, as a people, is almost entirely due to this cause. So small a sect as the Jains have a number of temples that cost, in that country, where labor is so cheap, many millions of dollars. One of these I had the pleasure of visiting that is reported as having cost \$90,000,000. It is the Dilwarra Temple, on the top of Mount Abu. It is seventeen miles from the railway station over a most picturesque piece of country. When seen from the outside the temple is very disappointing. On entering there is never disappointment. Any attempt at describing the beauty of design and the excellency of workmanship would lead the reader to call it exaggeration. Never have I seen marble and alabaster chased and fretted with such delicacy and flawlessness. It is the work of men who should have been jewelers instead of stone cutters. Each panel and pillar is fit for preservation in a glass case. In fact it looks like the finest ivory work that we do preserve under glass, but, of course, it is on an immensely larger scale. But all of this was paid for by the sweat and toil of men devoted to religion, and it is quite likely that many of those who contributed toward it lost their lives, in season of famine, as a result of failing to provide for such emergencies; the money that should have been used to save their lives was used by their priests for this sort of display.

FAMINE IN LAPLAND.—Despatches from Stockholm say that there is great distress through famine in the iron mining districts of northern Lapland. In the parish of Velhelmina the inhabitants have been reduced to using dogs and cats for food.

EVOLUTION OF MAN IS EVOLUTION OF NATURE.

ALBERT S. ASHMEAD, M. D.

NEW YORK.

The critic "Anti-vivisectionist" has replied to certain remarks of mine on "Inoculation and Humanity" (a reply to an anti-vivisectionist) as follows:

"'Anti-vivisectionist' suffers no qualms of conscience when ham and lamb are served to others, because, being a vegetarian she obtains sustenance direct from the luscious, overflowing lap of beneficent nature; the wisdom of such a course being attested by the fact that in the champion races of the world, between meat eaters and vegetarians, the latter have come off victorious—the meat eaters falling in arrears.

"The vegetarian is clear of conscience regarding responsibility to stockyard degradation—a perfect battlefield, running red with brutal deeds and sights which make the unaccustomed onlooker faint and sick; an occupation which ostracizes the slayer and stamps its unholy reflection on home and on children yet unborn.

"Conscience free, the vegetarian can face the deplorable picture—well called the 'Shame of America'—of the thousands and thousands of ranch cattle which, during the long winter's biting cold, linger, just alive, in the embrace of icy death, yet without death's merciful release; starving, exhausted, and shelterless; two millions (only the strongest surviving), as estimated, thus dying in one season in one section of our country; and all this 'shame' because of the cruel greed of the luxuriously fed, fur clad cattle kings who find it cheaper to risk the loss than to provide food and shelter for their animals.

"These wealthy livestock associations, counting their gold by the millions, have done their uttermost to defeat our humane 28-hour law, which marks the limit of time during which the survivors of the herds may be transported to their stock yard destination, without food, rest, and water; transportation conditions as existing, being so merciless that some 60,000 yearly are taken out dead on arrival and 50,000 bruised, battered, and mangled.

"'Anti-vivisectionist' prefers to take nourishment first handed from the fruits of the earth, rather than to accept it worked up into the unwholesome bodies of these starved, exhausted animals.

"The meat eater, who is humanely inclined, is earnestly invited to address Dr. W. O. Stillman of Albany, president of the Amer-

ican Humane Association, and lend his needed influence for the repeal of the recent inhuman 36-hour amendment."

And still another has this to say:

"I expected that the interesting letter of Dr. Albert S. Ashmead, under the above heading, in reply to 'Anti-vivisectionist,' would have elicited some comment from vegetarians.

"The doctor, as a medical man, speaks with authority on the subject of health; and his views must necessarily carry weight on this account. But while it is true that animals should not be spared when they can be utilized to cure some of the ills to which human flesh is heir, I think it will be admitted, that the cause to a large number of diseases may be traced to the eating of animal flesh.

"Did man live strictly in accordance with natural law and not infringe the rights of the brute creation disease would be practically unknown. He was originally formed from the dust of the ground, and from the ground should spring the cure of any ills that might arise from eating of the products of the ground. The fruits of the earth are man's natural food. Animal flesh not only stunts mentality, but tends to make men grow savage.

"Man is morally entitled to the milk only of cows and goats, and to the work only of horses, donkeys, and bullocks. When those animals die natural deaths he is entitled to their skins and bones. To the music and the company only of the birds of the air he is morally entitled. Flying about, in what is to them their heaven, the birds, by analogy, remind man of a higher ultimate destiny than eternal annihilation at the hands of blind mechanical forces: their murder is repulsive to refined natures.

"When Dr. Ashmead says man is 'nothing but an animal' and that by reason of his diet of brains his brain became superior to that of other animals' he leads us to infer that mental processes are digestive physically. He also takes a bold step when he undertakes, as he evidently does, to account for the origin of sentient life. He says that 'plasma or motion makes jellyfish in the steaming floods, generations of which develop bone fish,' eventually culminating in superior man.

"Darwin holds a different view. Speaking of evolution, he says in his 'Origin of Species' (I quote from memory, as I have not the book before me: "There is grandeur in this view of life, with its several powers having been originally breathed by the Creator into a few forms or into one." Moses says the Creator 'breathed into man the breath of

life, and man became a living soul. Thus Darwin and Moses agree as to the origin of sentient life, and of course it is obvious that if the Creator had power to breathe life into one form, he had power to breathe it into a million forms.

"The world's greatest scientists have refuted the theory of the origin of life advanced by Dr. Ashmead. There is not a shred of evidence that matter can produce any form of life, even the lowest, except through the agency of antecedent life. The late Lord Kelvin, one of the greatest scientific authorities of this or any other age, held to this view uncompromisingly.

"Now, may it not be asked: what is this life, that never had a beginning, that has life, in and of itself, eternally? According to Darwin, Moses, and Kelvin, life, instead of being an emanation from matter, was originally, on our globe, an infusion (supernatural) from without. Sir Oliver Lodge, I believe, holds the same view.

"Man's brain is not the seat of the emotions. The whole man thinks; the brain is only a part of the apparatus by which the individual sometimes consciously, sometimes unconsciously, guides himself amidst his surroundings. If a man loses his legs, or arms, or both, his mental powers increase in proportion—there being a greater centralization of the thinking forces. This theory is borne out by facts. Nature operates a law of compensation. Man is a compound of the angel and the brute; and it is true that he is capable of greater debasement than any known brute, when he prostitutes and misdirects his reason.

"Dr. Ashmead says man is but an atom of matter.' Such a man never existed. There never was, and never will be, such a thing as a material man. Arms, legs, head, spine, nervous system, etc., are no more the man than the clothes he wears. They are merely an aggregate of material atoms in human form, the man being inside, and wearing this fleshy suit, in which to build up his personality for a real and substantial existence. A coin cannot be made without a mould of some sort, and gold must be refined before it can become money."

To which Mr. Woolsey Teller, of Flatbush, says:

"The appearance of Dr. Ashmead's letter having brought forth a reply by Francis Mannion, I deem it not out of place if I in turn review the reviewer.

"Mr. Mannion accounts for the existence of disease by what he pleases to call man's infringement upon the brute creation, and considers that if man would cease to feed

upon the flesh of animals vital disorders would no longer afflict humanity. Such a conclusion, however, is exaggerated, as the greater part of contagious germs are transported by aerial microbia, and not through the consumption of other living creatures. Micrology has revealed innumerable germs of a harmful nature carefully embedded in every apparently clear drop of water.

"Man's position is not by choice. Whether he be a meat eater or a vegetarian, he must still breathe into his lungs the air which is saturated with harmful agencies. If he refuses to breathe he dies. Such are the conditions he cannot confute.

"Your correspondent is convinced that not an argument remains to uphold the contention that matter is capable of producing life without supernatural infusion. A chemist generally accounts for a certain substance by the meeting of different elements and not by supernatural infusion. Is it, then, impossible to say that a biologist cannot account for the origin of life by a combination of classified particles of matter capable, in their unity, of realizing sensations enacted upon them by exterior forces? Formulas and combinations of material compounds are inexhaustible. They baffle the most careful research, and reduce man's chances of ever being able to understand the secrets of sentient life.

"Mr. Mannion proceeds to advance his opinions in opposition to the entertained view that the brain is the seat of all thought and consciousness, and upholds his theory, which describes the composite man as that which thinks, by citing in proof of this his statement that should a man lose a limb his mental powers are thereby increased. True, this statement is correct; but is not his reason to be doubted? If this limb was able to add to the consciousness in the individual, and was actually capable of thought within itself, would not its removal depreciate the total value of intelligence in the man? If an arm thinks, then to remove that arm is to reduce the whole. The reason ascribed to mental improvement when a part of the body is amputated is that the brain has a less area of nervous system to cover, and consequently is capable of concentration on the remaining sensations brought to it by the nervous system.

"The theory of materialistic man fails to meet with Mr. Mannion's approval. Life, as understood by him, is purely a spiritual action upon matter enacted by a supernatural agent "A material man never existed" And why not? Has an immaterial man ever existed? Man, in order to live, is compelled to eat. If he fails to comply with nature's

law he dies. The request of the stomach must be granted, else life dissolves within him. If matter is dependent, as your correspondent believes, on a "soul" to give it animation, why will that matter cease to contain life when the body of man is refused proper nourishment? Cannot this "soul" continue its duty and give life to the body of man regardless of whether his stomach is full or not? Must the "soul" be fed in order to continue its work."

To all of which I myself replied thus:

Francis Mannion is vaporous except as to one point that he effectively makes against me in his interpretation of what I said on the matter of brain eating by early man. And yet there is sound sense in organo-therapy, in spite of Brown-Sequard's failure to transfer long life by feeding the quadrigeminal glands of the brain to patients—to those "tired of life."

Taking advantage of this medical lapsus, Mr. Mannion flings to the world his decorative and gauzy banner. Evidently not an evolutionist, he approvingly cites Darwin because he interprets Darwin as practically abandoning evolution when he comes to contemplate the mystery of the source of mind or soul.

I do not so understand "Origin of Species." Darwin closes by saying that man's progress has been slow, and he must be content with his lowly origin. Except at the one point Mr. Mannion reasons from assumption's base to definite conclusion—which is not the way of science. Readers on evolution are necessarily of two kinds—the unintelligent and the unwilling. To the latter class belongs Mr. Mannion. To contend with him is to beat the air.

I wrote upon humanity and inoculation. Mr. Mannion does not come near, but sallies out into the open as a chivalrous knight of old to champion a cause that he himself drags to view. I do not care to bother with this. Evolution has not made its way and held its ground by fustian, which he employs—and with wish a father to the thought.

Who can draw the line between evolution and inspiration? No man! With expanding mind Haeckel tells us essence of nature is now approached. We must wait for views to form upon that subject. No thought will be formulated until long after we are dead.

The term "planetary influence" perhaps is new. I have assigned (in my writings on Shintoism) its application to the responsive action of the earth planet occasioned by the heat and light giving quality of the sun. Apparently an electric fixture, it may well

be deemed to have an electric influence not yet determined.

We believe it keeps control of the earth by the exercise of a centripetal force. The believed lifeless moon, seen by a reflected light, is thought to influence the tidal waters of the earth. Aside from these two heavenly bodies, I have no suggestions of a planetary influence upon the earth. I admit it. If my understanding of intent of the term is not sufficiently clear it only needs some limitations to differentiate it from astrological application by the every day thought of the world, flippant and malevolent.

Another critic on "Inoculation and Humanity," has expressed the following opinion, and proudly signs himself "Anti-Serum.:"

"It is an old saying that error would die an easy death but for the grain of truth which animates it and gives it life—thus enabling it to masquerade as entire truth.

"This statement, it seems to many of us, applies to the serum treatment, now so much in use. The fact is—and this we contend is just where its advocates, looking at this question from the one-sided point of view, fail to see the ultimate results—that since the serum poison must of necessity be stronger than the disease it is given to combat, the invalid has two diseases to endure and to rally from instead of one.

"Under this powerful remedy, the real inherent disease may be concealed and repressed—driven back still deeper into its seclusion; but although subdued for a time, it is bound to reappear in some other guise. Hence, while smallpox and other diseases may be dominated and apparently checked before the still more powerful pus poison injected in the blood, it has really temporarily retired before a superior enemy to gather up new force and violence to break forth in consumption, heart failure or nervous disorder to which a weakened system is predisposed.

"The unexpected deaths which come with appalling suddenness find easy explanation in the deterioration of the drug-dosed system, which, relying upon tonics and neglecting 'health-habits,' has lost its disease-resisting power.

"It has been said that the closing fifty years of man's life should be, relatively speaking, as actively pleasant as the preceding ones; but we fall far from this standard, for man finds his declining years full of aches and pains; life becomes almost a burden, and release not unwelcome.

"The serumized community can be likened to the disintegrating statues of eastern climes whose outward veneer shows no trace, until revealed by sudden collapse, of the well

concealed, worm-eaten condition within. In tabulating their serum successes, its eager supporters should take into consideration not only the apparent results, but also the still more weighty ones that are bound to be presented later by rebellious, just nature.

"The suffering body demands some treatment which will help nature to help herself; which will help her to work out her own salvation of self-purification—'health habits' versus those of disease; thus gaining a renewal of the vital forces which shall mean a renewal of life energy."

I was in some perturbation on reading my letter in reply to these critics. The implied expression of my mind, evolution can hold its own without any fustian, should really be read as follows (note the italic words): Evolution can hold its own *without regards* to any fustian.

The foggy mind was conscious of something wrong, but close examination necessarily distressful with a magnifying glass, did not disclose the defect. The lapsus—the omitted italic words—did not rectify itself until I saw it in print. Fustian thus applies to the raging of dogmatic anti-evolutionism. I hope the one to whom it was addressed, will be charitable, though perplexed, and will withhold any umbrage, that he feels coming over him therefrom. I express here my regret, that I have perhaps wounded his feelings by a seeming discourtesy, far away from my nature.

It is another instance of the law of demolition, the good and direst intent was frustrated directly.

Nature cannot be looked upon as a system of equity, but only as a series of poises, counter-poises and forced equations—particles may go hang. The smiles of Nature are but hypocrisy; discord, and destruction are close at hand. A vast humbug!

Those who have never read Celeste Mécanique, have no idea of the view its author had. Viewing the operation of the natural law by the Christian moral standard, I am obliged to deem it to be a monstrous iniquity against mankind. For aught we know (our wisdom) we are as the old Dutchman's geese—going along picking up nothing, and spitting it out again.

Memory reviewed shows that it is at the close of his Descent of Man that Darwin says the progress of man has been slow, and that with his lowly origin he must be content, and not in his Origin of Species. There is in this nothing to warrant the inference that my critic, Mr. Mannion, would have his readers draw.

The critic might likewise refer to Spencer

with similar purpose. At the close of chapter iv of *First Principles*, Spencer renders a prolonged and beautiful tribute to the Church, saying that while always receding when the advance of modern thought made necessary a retirement, she has pathetically held to the eternal verities. Thence to the end of the work he makes no further allusion to this thought. What he said if anything elsewhere, I do not know. It is due to Mr. Mannion's readers that he should give a citation, place and word, when he implies that an author has stultified himself, or renounced formerly entertained views.

The evolution of man is the evolution of nature, from which his evolution is not a separable quantity; the coarse, more savage will slowly disappear before the increase of human habitants. The useful and finer being fostered; the black man, the brown man, the Japanese will pass away; and the white man or nearly white (pure Chinese and white) practically the fused white will conduct affairs of the nations, being preponderant then.

The developing mind of man will bring this about. It will be the evolution of Nature.

The "all Spirit is one" of today, is an improvement upon the Metempsychosis of the past. But each refers to the all oneness of spirit-bound to the earth and its fortunes. A spirit is as circumambient as the earth. But there as here the maleficent accompanies the beneficent. The high noon of the earth will come, and the shade of its evening draw nigh. Let us be calm. Walt Whitman sings:

"O Captain! my Captain! our fearful trip is done;
The ship has weather'd every rack, the prize we sought is won;

The port is near, the bells I hear, the people all exulting,
While following eyes the steady keel, the vessel grim and daring;

But O heart! heart! heart!
O the bleeding drops of red,
Where on the deck my Captain lies,
Fallen cold and dead.

"O Captain! my Captain! rise up and hear the bells;
Rise up—for you the flag is flung—for you the bugle trills;
For you bouquets and ribbon'd wreaths—for you the shores
a-crowding;
For you they call, the swaying mass, their eager faces
turning;

Here Captain! dear father!
This arm beneath your head;
It is some dream that on the deck,
You've fallen cold and dead.

"My Captain does not answer, his lips are pale and still;
My father does not feel my arm, he has no pulse nor will;
The ship is anchor'd safe and sound, its voyage closed and
done;

From that fearful trip, this victor ship, comes in with object
won;
Exult, O shores, and ring, O bells!
But I, with mournful tread,
Walk the deck my Captain lies,
Fallen cold and dead."

Here I understand Whitman to be speaking of himself—led, cheered by hope, his leader has fallen. Such truly is man's state when

the star has lost its brightness. Our ship of life, no longer moved by the air of hope, cannot be directed by the arm, and with resignation we drift wheresoe'er the current listeth. His words are sad, but are compassionate—not foreign to the soul; what care I for the present? Were the world for sale, I would not buy the bauble! I see the same potencies at work that were to be seen fifty years ago, the God has not abated one jot; and tears must flow later. My heart is indeed weary at times I must rise and make a positive physical effort to get an easy breath, and drive the depression away. With clouded sight of advancing age, our eyes dimmed with sorrow, we cannot heed the words of the wise, the thoughtful, the observant. To the ear the sounds of life are but the bustle of futile activity, ending in wreck or despair and gloom. No more can the voice of platform engage an attentive ear. Flotsam and jetsam is all that we see in the waters of life.

50 Cathedral Parkway.

THE FALSETTO OR EUNUCOID VOICE.

E. E. CLARK, M. D.

DANVILLE, ILL.

Eye, Ear, Nose Throat Surgeon to the Lake View Hospital;
Lecturer to the Danville Training School for Nurses, etc.

THE laryngologist in treating this subject before general practitioners, 'has in view the same object that the specialist has in similarly dealing with adenoids, squint, eye strain, chronic otorrhea, etc., i. e., to bring to the busy mind of the family physician the seriousness and importance of these conditions either from the physical or esthetic standpoint.

The immediate subject deals more with the esthetic, but there are times, when a young man's well being may depend as much on the esthetic as the physical, and his medical advisor, many times, is the only one who can direct him aright. If he cannot he is either ignorant or careless and neither are to be excused when the facts have once been brought within his mental horizon.

There are many times, when the parents or individual, accept an anomaly as one of the unfortunate dispensations of Providence never once looking to science for a correction. Here is where the family physician may offer his advice, inform the individual of his opportunities, take charge of the condition or direct them to some one dealing specially with such afflictions. The family physician fills a vastly important niche in

this world's affairs, and his range of usefulness often goes beyond the treatment of those conditions to which he may have limited his efforts.

The eunucoid voice is not of frequent occurrence and is not often recognized by the profession in its true aspect. When present it constitutes a true affliction.

There is almost nothing in the literature regarding this condition, and most that I have learned concerning it has come through actual contact with cases; having seen one in my own practice, one in the clinic of Dr. H. Dupuy, of New Orleans, two in the clinic of Krausa in Berlin, and one in the Golden Square Hospital, London. These cases have brought out a few facts that I am able to place before you that may be of value to some one some time.

One great fact is that it is an embarrassing condition to the extent of handicapping one in life's affairs. The companions of youth do not handle one with diplomatic language and, with this voice, one is sure to be called "sissy," or other names, and have his sexuality called into question all of which is sure to interfere with his pursuits of life, if he has the ambition of the average youth. Another great fact is that nearly all these anomalies of voice can be permanently corrected.

The changes which take place in the male larynx at puberty are simply an enlargement in all of its diameters, while the anatomical configuration remains the same. These changes cause the voice to take on the deep masculine tones taking the place of the high pitched voice of the boy. The female larynx undergoes little, if any, change at puberty which accounts for there being no break in the voice qualities of the female. There is undoubtedly a certain association between the male genital organs and the organs of speech. Aristotle had noticed the effect of castration on the male voice. The eunuchs of the Orient invariably retained the feminine quality of a thin high pitched voice. Those who trained the voice in the early days of the Italian opera resorted to emasculation at puberty to preserve the falsetto quality in their famous male soprano singers; even up to the accession of Pope Leo XIII they had the castrated male singers who were the musical glory of the Cathedral choir of Rome.

The eunucoid voice does not mean abnormal sexuality for in all these cases the genital organs are found perfectly developed.

The evidence, both clinically and laryngoscopically, point to this condition being a physiological error due to a spasmodic adjustment of the muscles controlling the voice. The extrinsic muscles which elevate and de-

press the larynx seem to be the ones specially at fault.

Head tones characterize the female voice and chest tones the male. In the former the larynx is elevated, and in the latter depressed by opposite sets of muscles which effect the tension of the vocal cords which in turn alters the pitch. The eunucoid voice is a physiological error as the result of abuse or non-use of certain sets of muscles antagonistic in action. It is possible that at puberty certain laryngeal inflammations might arise that would cause permanent changes in the larynx causing a falsetto voice which, in such cases, might persist throughout life.

Treatment is very simple, usually of short duration and almost always effective. Treatment consists in a rigid course of vocal gymnastics and monotone exercises with development of proper manner of breathing. Abdominal breathing is to be cultivated this while possibly not absolutely essential is certainly very important in some cases. From the psychological standpoint it is well to tell the patient that his vocal apparatus is absolutely normal and that proper exercise will certainly develop the deep tones.

Begin by singing a high note and have the patient repeat it, then sing on down the scale until he has reached his lowest register, then have him keep the voice at this pitch and repeat the low notes in a loud forced expiration for ten or fifteen minutes. Have him read aloud in a deep register in a monotone. The low register for reading can be secured by singing his way down, then continuing in the low tone. Have him refrain from all unnecessary use of the voice, only when he is practicing his vocal gymnastics. Practice reading in the low tones of evenings and any other time possible, and soon he will be using the deep masculine tones unconsciously, and if you ever see grateful patients and have your name called blessed it will be in such cases.

313 The Temple.

MEDICAL DEPARTMENT OF LELAND STANFORD UNIVERSITY.—It seems probable that the long-considered question of the consolidation of the Leland Stanford University and Cooper Medical College, San Francisco, may be accomplished. This consolidation would give the university a thoroughly equipped medical and surgical department and a hospital, and would give the college a share of the Stanford income, which would enable it to carry on a large scale the original plans of the founder, Dr. Levi Cooper Lane.

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OFFICIAL TRANSACTIONS.

APPENDICEAL PERFORATION.

C. H. SHUTT, M. D.

ST. LOUIS.

When the patient was admitted to the hospital, the pulse was 80, respiration 24, temperature 98.6 deg. There were few symptoms of any trouble. The patient was a colored man, and he had been sick three days before entering the hospital. He gave a history of having eaten some poorly cooked steak, and shortly after had begun vomiting and had pain "in the stomach." The pain at first was general in character, but was in the lower right quadrant when he came to the hospital on the third morning. I saw him lying in bed that morning apparently not suffering, with no fever, pulse normal, little abdominal rigidity; the bowels had moved that day and he had vomited once that morning. His vomiting was growing less, and the history could easily have been taken for that of ptomaine poisoning. He could not locate the pain definitely. The leucocyte count was 14,000.

A number of the hospital internes decided that he should be treated by the Ochsner method. They were much in doubt whether he had appendicitis. It was decided, however, after much deliberation, that he had appendicitis and should be operated. We opened the abdomen and found this appendix, which is perforated at the base. We had thought that it was a simple, catarrhal, appendiceal inflammation, but we have so many of these patients who refuse an operation and return in a few months with a perforated appendix, that we always try to get the consent of the patient to operate when the diagnosis is clear. We made a gridiron incision, expecting to remove an appendix nearly normal. The peritoneum was normal in appearance and here was no exudate. The appendix was found located near the median line, bound down at the tip to the posterior abdominal wall and attached only to the mesoappendix. It was ruptured at the base. There was an infiltration surrounding the opening into the bowel lumen, which had prevented the escape of bowel contents into

the abdominal cavity. The abscess was located on the posterior wall, on the inner side of the cecum, which accounts for the indefinite pain. Only a few days before, we operated on another patient who had presented far more symptoms than this man, yet we found only a clubbed appendix with out perforation.

This specimen demonstrates that appendicitis is a disease which is operable from the time of its diagnosis. You can readily see that medical treatment could not have cured this patient.

DISCUSSION.

Dr. Wm. S. Deutsch stated that this was another indication that the surgeon was at a loss at times when to operate, and when not to operate. When appendicitis was suspected, the patient should be operated on. He had recently had had two patients walk into the hospital with but few symptoms, yet in each case the appendix was seriously involved. He hoped that as years went on the Ochsner starvation treatment would be left out of the literature.

Dr. Shutt, in closing, said that he had presented the specimen in the hope that some one would be impressed with the oftentimes unexpected conditions that are found in these cases. It clearly demonstrated that appendicitis was a disease that was dangerous, and it is difficult to diagnose the pathological condition before the abdomen is opened. No doubt nearly every man in the society had seen or heard of cases of appendicitis that had died, which, if operated upon when first seen, would have lived.

ABORTION CAUSED BY X-RAYS.—In a short article Lengfellner (*Münchener medizinische Wochenschrift*, No. 44, 1906) cites experiments on guinea-pigs, which fully confirm those of Tellner, showing that even short exposure of the abdomen to the action of the rays is able to destroy the life of a fetus even shortly before term. Alterations were found in the ovaries suggesting sterility. The cause of the fetal death could not be determined macroscopically.

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St. Louis.

EDITORIAL

THE title "doctor" is applied in these days to so wide a range of personages whose occupations are so diverse that the mere wearing of the appellation carries with it little distinguishing significance,

and it has frequently been suggested that distinct and different titles should be evolved for physicians, dentists, scientists, philosophers and other classes of men who have earned a doctorate or have been adorned therewith. At present the term means little except that the bearer is supposed to have received it from some educational institution, and it does not of necessity have a professional signification. Every community has its experiences with self-titled "doctors," and with endeavors to eliminate them. It has been left for the New York State Society to first attempt to secure a legal interpretation of the use of this title in connection with the medical practitioner and to secure legal supervision of its use. In his annual report to the society, the chairman of its Board of Censors, Dr. Floyd M. Crandall, enumerates results of their efforts purposing the enforcement of practice laws which are very encouraging to those communities which have yet to show so great a degree of success. There the best work is shown in connection with abortion, just as it is in St. Louis. In connection with unregistered "doctors" he says:

"Another important class of charlatans whom we have successfully attacked, are the alleged consumption cures. These impostors do a vast amount of harm, for they impoverish the poor and prevent their dupes from adopting those measures which will be [productive of most good. A principle is now in process of evolution which gives promise of ultimately exterminating these quacks who

prey on the consumptive poor. Another vital principle to be established was the limitation to be placed on the use of the title "doctor" by those who are not registered. After several successful prosecutions a man was convicted and sentenced to imprisonment who held a diploma of a western medical school not recognized by the Board of Regents. He was not registered, and held no license to practice in New York, but, nevertheless, advertised as a practitioner in the daily papers, using the title "Dr."

The desire on our part for a test case on this question was fulfilled by an appeal in this case (People vs. Somme). After argument on appeal by Assistant District Attorney Johnson the conviction was sustained by the Appellate Division in June last and the case is now pending before the Court of Appeals.

"This man was prosecuted, not for illegal practice of medicine, but for the illegal use of the title "Doctor." The question raised in the trial was whether or not a graduate of a medical school not recognized by the Regents can use the title doctor in such a way as to convey the impression that he is a practitioner of medicine, without being registered as such. The decision of the court on that point was as follows: 'Neither the lawyer nor the doctor coming from another state or holding the degree of a law or medical school in another state, can hold himself out or advertise himself in such a manner as to convey the impression that he is a legal practitioner of either profession, unless duly and legally licensed to practice in this state under our laws, without being guilty of a misdemeanor.' This is the first time a court of record in New York has passed on this mooted question. It simply means that in New York a man, even though he hold the degree of M. D. and may use it in a social or literary way, cannot use it for business purposes, unless he is licensed to practice medicine and is lawfully registered."

THE organization something better than a year ago of the St. Louis Medical History

Medical History.

Club was an occasion attracting little attention, and one in which but a few persons showed deep interest;

but the little body of earnest men has, during its brief existence, exerted a tremendous influence which many are feeling without knowledge of its origin. These recent years have been eventful in St. Louis medicine, tremendous advances have been made in our schools, our organizations, our literature and in the

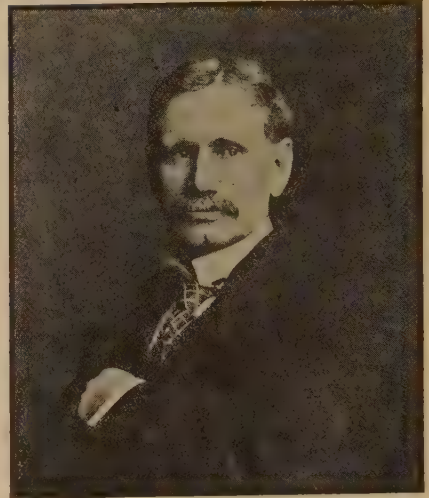
general educational uplift of the individual physician. In the history of St. Louis medicine the St. Louis Medical Society is easily the central figure. It has been a matter of no little inconvenience to recent officers, and will be surprise to many of the members that some eight years of its business transactions, for a period following 1890, are absolutely lost. The society has been trying to obtain photographs of its past presidents, and has been remarkably successful, yet there are several vacancies which, it would seem, should be easily filled. The profession of today is realizing that history is being made, and that full and complete records are owed to future generations of physicians who are to follow us. This is shown in the careful preservation of records, in the collection of reprints and papers written by St. Louis physicians, and in the general attitude of respect toward such undertakings on the part of the whole profession. The collection of books and monographs has already assumed considerable proportions, but it cannot be hoped that it will ever be perfectly complete as the assembling for the nineteenth century was not done while the work was being presented, and now much has been lost, and many writers are entirely unknown to the present generation. The collection will, nevertheless, be inspiring to workers, and will forever settle the right of the St. Louis profession to recognition for its place in medical literature.

St. Louis has always played her part in American progress, and she was never more alive to her responsibilities than today. There is not a physician who can contemplate the medical history of St. Louis without feeling deep pride that he may number himself with such earnest, aggressive, able men. The present generation needs to study the history of the local profession and eliminate the apologetic from connection with reference to local conditions; a high degree of pride is ours by right and we should realize it.

THE death of Dr. L. H. Laidley, which occurred on February 5th, removed one of the more prominent figures in St. Louis medicine. Dr. Laidley was born in Pennsylvania in 1844. He

graduated from Jefferson Medical College in 1868, and from Bellevue Hospital College in 1872. Shortly after graduation he located in St. Louis, and during his life here he was ever prominently active in scientific and educational medical work. At the time of his

death he held the chair of Gynecology and Pelvic Surgery in the Medical Department of St. Louis University, and he was an active participant in all phases of work of the St. Louis Medical Society and the Missouri Medical Association. He had various other association memberships, and was connected with several hospitals and with the medical departments of important insurance companies. Probably his most notable connec-



DR. L. H. LAIDLEY.

tion was with the Louisiana Purchase Exposition, of which he was Medical Director. Many local physicians had felt that no local man could successfully undertake that important position, and the selection came as something of a surprise, because it had been thought that it was to go elsewhere. Dr. Laidley demonstrated his ability; he conducted the health side of the great exposition without the blare of trumpets, the work was done efficiently and quietly, so quietly, in fact, that that was the only objection found to the department.

Dr. Laidley had been for years active in efforts toward the general elevation of the profession, and especially in campaigns against irregular and illegal phases of practice; the medical fakir dreaded him, the abortionist recognized in him a relentless foe; those who are now active in this work feel that in his death they are definitely crippled in their work, for another is not ready to take his place.

Dr. Laidley was prominent in religious work; he was an active churchman throughout his life. He left a wide circle of friends who are profoundly grieved at his death and who extend heartfelt sympathy to his bereaved wife and sons.

THERE are certain objectionable habits very commonly indulged in which break hygienic law and offend the sense of decency which are associated with those parts of the body which are popularly determined as excretory organs, though one is such only by perversion, the nose and mouth. The man who deftly closes one naris with a finger and empties the other on whatever it may hit is an abomination; he who spits on carpet, floor, sidewalk, or elsewhere except where the spittle can be destroyed, is also an abomination; both may be a menace to health. But many who object to either and both of these disgusting habits are frequently unconsciously guilty of what may be as dangerous, and is certainly always objectionable. We refer to moistening the fingers in the mouth when handling papers or other dry substances. The subject of digital insalivation was considered by the Medical Society of City Hospital Alumni at its February meeting, and through the following resolutions a campaign against this form of disease dissemination was inaugurated:

Digital Insalivation.

WHEREAS, The specific organisms of serious diseases may be present in the mouths of persons who apparently are in a fair state of health;

Second. The secretions from the posterior nares, throat and mouth supply a means whereby the transfer of such organisms to other persons and things is facilitated;

Third. Next to promiscuous spitting, the practice of habitual insalivation of the fingers by those harboring such organisms affords the readiest means of conveying infection to others;

Fourth. Healthy persons may infect themselves by germs carried by their fingers into their own mouths;

Fifth. Money, papers, books, and other articles that are constantly passing from hand to hand have been found to carry the active germs of infectious diseases;

Sixth. Employees in official life or civil positions addicted to this habit, and who, in the performance of their duties as stamp sellers, postmen, clerks, cashiers, sales-people, waiters, etc., are necessarily in contact with the public, should be deprived of their positions, as thereby constituting a menace to the general health;

Seventh. Sanitary and medical condemnation of the practise of finger licking rests upon the proven fact that the bacteria of many of the most virulent diseases are often abundantly present in the secretions of the human throat and mouth, even when no outward evidence of danger appears; therefore be it

Resolved, By the Medical Society of City Hospital Alumni of St. Louis, that the attention of the Postmaster General, and of the postmaster of St. Louis be respectfully directed to the practise of the objectionable personal habit of digital insalivation by some of the employees of the postoffice, with request that effective measures be taken to protect the public against danger from such sources; and be it further

Resolved, By the Medical Society of the City Hospital Alumni of St. Louis, that the St. Louis Health Department be respectfully requested to investigate and publicly report on the prevalence of the habit of finger licking among employees of departments, corporations, and concerns serving or catering to the people of St. Louis, in order that warning may be given of the risks to health incurred by patronizing places, public utilities, and establishments where such are unclean and dangerous practise is permitted.

The society directed that copies of the foregoing be sent to the Postmaster General, to the St. Louis postmaster, to the St. Louis Health Department, and to the medical and daily press of St. Louis

DR. BRANSFORD LEWIS, was recently the guest of the Academy of Medicine of Buffalo, N. Y., where he demonstrated his several models of cystoscopes, and, by invitation, read a paper on "Practical Cystoscopy" before the Academy.

DR. B. E. STOCKWELL, of this city, is mourning the death of his father, Mr. Malcolm A. Stockwell, of Carroll county, Ga., which occurred on the 12th. Mr. Stockwell was a Southern gentleman of the old school and those who met him on his visits here sympathize deeply with the doctor in his deep bereavement.

ARCHIVES OF DIAGNOSIS.—We are in receipt of a new medical journal bearing the above title, which is to appear quarterly, and which is to be devoted to original work and observation in diagnosis and prognosis. It is edited by Dr. Henrich Stern whose scientific and literary ability insures it a high degree of excellence; the first number is full of good things and presages a useful and prosperous future.

MEDICAL NEWS

DR. V. I. VESTLING has removed from Creston to Stanton, Iowa.

CONSOLIDATION.—Beginning with the April issue, "The Electro-Therapeutist," formerly published by H. C. Bennett, M. D., of Lima, Ohio, will be consolidated with Albright's Office Practitioner, Philadelphia. There will be no change in the title, policy or management of the latter journal, the only change being an increase of the number of pages.

SICKNESS OF DR. ORR.—Dr. Charles J. Orr, some time treasurer of the St. Louis Medical Society and a present member of its Council and a prominent internist, has been ill for something better than a fortnight. At the time of writing we learn that his trouble, grippe-pneumonia, has turned for the worse, and that doubts are entertained of a favorable outcome. The profession is distressed at this report and hopes that his recovery may be complete and speedy.

ROBERT KOCH TO VISIT AMERICA.—A cable dispatch says that Koch is contemplating a trip to this country as part of a year's rest. He expects to start for New York early in April and visit Niagara, the Yellowstone, and other points of interest, striving to free his mind from all thought of science and medicine during a year of travel and mental rest. He is said to be looking somewhat worn from his strenuous year and a half in the heart of Africa, devoted to the study of sleeping sickness. His trip includes some stay in St. Louis, and plans for his entertainment are being made.

SECTION MEETING.—The Section on Urology of the St. Louis Medical Society held its first regular meeting, Tuesday, February 18, 1908, at the St. Louis Medical Society Auditorium, 3523 Pine street, and presented the following program: 1. Introduction of the chairman of the Section by Dr. W. B. Outten, vice-president of the St. Louis Medical Society. 2. Remarks by chairman, Dr. Bransford Lewis. 3. A Brief Review of the Etiology and Diagnosis of the Surgical Kidney, Dr. H. N. Lyon. 4. Remarks on Renal Surgery and the Importance of the Cystoscope as an Aid in Diagnosis, Dr. J. F. Menestrina. Dr. H. N. LYON, Secretary.

ANNUAL LOSS DUE TO TUBERCULOSIS.—The Monthly Bulletin of the New York State Department of Health is authority for the statement that tuberculosis occasions the United States an annual loss of at least \$330,000,000.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

FIVE HUNDRED SURGICAL SUGGESTIONS. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B. S. M. D., Editor-in-Chief American Journal of Surgery, and Eli Moschowitz, Associate Editor American Journal of Surgery. Second series. Duodecimo; 125 pages. New York: Surgery Publishing Co., 92 William St., 1907. (Price, \$1.00.)

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been suggested by the authors' own observations. Many of them are bits of wisdom that are not to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading his small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical borderline affections, and to him, also, we commend the many diagnostic hints between the covers of this little book. Those wearied by searching for information through ponderous text-books and lengthy articles will find actual refreshment in surgical suggestions, everyone of the 500 paragraphs of which is a separate and useful bit of practical knowledge.

A MANUAL OF OBSTETRICS. By F. A. King, A. M., M. D., LL. D., Professor of Obstetrics in the Medical Department of the George Washington University, Washington, D. C., etc. Tenth edition. Revised and enlarged with 301 illustrations in text and 3 plates. Philadelphia and New York: Lea & Febiger, 1907. (Cloth, \$2.75 net.)

When a book has passed through nine editions the task of the reviewer becomes an easy one. The tenth edition is up to the standard of previous ones in that it contains everything new that has developed since the previous edition. As stated by the author, the chief purpose of the book is to present, in an easily intelligible form, such an outline of the rudiments and essentials of obstetrics as may constitute a good ground-work for the student at the beginning of his studies and prepare him to assimilate the extensive knowledge contained in the more elaborate text-books. This has been admirably done in this little work. A number of the chapters have been entirely re-written and much new material has been added. The illustrations are very good and the book in general

appeals to one. Its equal for a student's book, for which it is intended, is hard to be found.

W. H. VOGT.

ESSENTIALS OF OBSTETRICS. By Charles M. Jewett, A.M., M.D., S.C.D., Professor of Obstetrics and Gynecology, Long Island College Hospital, and Obstetrician and Gynecologist to the Hospital, etc. Assisted by Harold F. Jewett, M.D. Third edition, revised and enlarged. Illustrated by 40 illustrations and 5 colored plates. New York and Philadelphia: Lea & Febriger, 1907. (Cloth \$2.25 net.)

This book, although small, has a distinct value in obstetric teaching. It is purely a student's book, and is intended as an introduction to the more elaborate works. The work is quite practical and little attention is given to theoretical discussions. The chapters are divided up into eight parts: The first chapter deals with the Anatomy of the Female Genital Organs; chapter 2 with the Physiology of Pregnancy; chapter 3, Physiology of Labor; chapter 4, Physiology of the Puerperal State; chapter 5, Pathology of Pregnancy; chapter 6, Pathology of Labor; chapter 7, Pathology of the Puerperal State; chapter 8, Obstetric Surgery.

W. H. VOGT.

CORRESPONDENCE

FIFTH PAN-AMERICAN CONGRESS.

TO THE MEDICAL PROFESSION:

Gentlemen:—The government and the people of the Republic of Guatemala, as well as the National Committee of the Fifth Pan-American Medical Congress are actively endeavoring to do all in their power, in a sure and efficient way, to make this meeting a great success.

With this object in view the committee will be pleased to invite you personally to attend, as well as the members of the society or medical fraternity to which you belong, in order that through your presence and works the certain success of the congress, that science expects of its representatives, will be assured.

The committee hopes that you and the other members of your institutions will meet at Guatemala on the 5th, 6th, 7th, 8th, 9th and 10th of August, 1908, and sincerely begs that from now on you will not hesitate to keep yourself in fraternal relations with this committee, and that you will let us know beforehand if you intend to attend the congress in person or to send some scientific contributions.

The committee hopes to receive a reply shortly to the invitations to this meeting, which should serve as an incentive to unite professional interests, to stimulate the advance of medical science and to contribute to the preservation of the health and the pro-

longation of the life of the people of the Americas.

We take advantage of this opportunity to express to you the best regards of

Yours very truly,

JUAN J. ORTEAGA, President,

JOSE AZURDIA, Secretary.

In this connection the following facts are of interest: It must not be thought that Guatemala is an undesirable place to visit in August and that it will be very hot and the rain constant. August is the time of the year called the cunícula, when, although hot there is but little rain. The heat of Guatemala does not, however, compare with the heat of our own states as it is situated on a plateau, which is comparatively cool. The trip down from New Orleans or from New York by steamer to Porto Barrios is an agreeable one. The trip to the congress and back will be in the hands of the chairman of the Transportation Committee. Excursion trips can also be made in connection with this congress to Mexico or the various West Indian Islands. These excursions will be in the hands of Thomas Cook & Co., or anyone who chooses to organize one. There will be no charge for transportation in the Republic of Guatemala.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

TO THE MEDICAL PROFESSION:

I beg to call your attention to the approaching meeting of the Medical Society of the Missouri Valley, which will be held in Lincoln, Nebraska, March 19 and 20; formal announcement of which has been mailed to members.

Our society is meeting in Lincoln this year upon special invitation of the Lancaster County Medical Society, which has appointed the following committee of arrangements: Drs. A. D. Wilkinson, H. W. Orr and J. H. Lehnhoff. The meeting will be held in the banquet hall of the Lindell Hotel, which house will also be headquarters. The address of welcome will be given by Dr. Frank Brown, mayor of Lincoln, and the response by Dr. R. C. McDonald, of Fremont Nebraska. Dr. Charles H. Hughes, of St. Louis, will deliver the Oration on Medicine. On Thursday evening, at 7:45, there will be given a series of demonstrations of clinical interest in the Nebraska Hall of The State University, under the auspices of the Pathological Club of Lincoln. This will be followed by a smoker given by the Lancaster County Medical Society, to which all are invited.

The two cent fare is now in effect on all railroads leading to Lincoln, so that those who attend are assured of practically one and one-third fare for the round trip, and no restrictions as to time for returning. The profession cordially invited to attend. Write for program.

Yours very truly,

W. F. MILROY, President, Omaha, Neb.

CHAS. WOOD FASSETT, Sec'y, St. Joseph, Mo.

Persistent bleeding or irregular prolonged menstruation is very suggestive of uterine fibroids.—*Amer. Jour. of Surgery.*

ANTISEPTIC FLEXIBLE COLLODION.—This is a modification of a formula by Dr. Hopkins and it has entirely replaced the official flexible collodion at the Pennsylvania Hospital. The surgeons find it especially satisfactory in closing punctures, dressing wounds, and as a protective covering after suturing in surgical operations:

Pyroxylin 10 drams.
Alcohol 6 fluid ounces.
Tinct. benzoin ... 3 fluid ounces.
Ether 25 fluid ounces.
Mercuric chloride 1-2000.

Dissolve the pyroxylin in the ether, shaking until it becomes the consistency of paper pulp; then add the tincture benzoin, and shake the mixture thoroughly. To this mixture add the alcohol, in which the mercuric chloride has previously been dissolved, and mix thoroughly.

DETECTION OF ARSENIC IN THE URINE.—A method which is well adapted to the detection of even very small quantities of arsenic in the urine is carried out as follows: Two hundred c. c. of urine are evaporated to 35 c. c. on the water bath; the residue is transferred to a distillation flask, connected with Liebig condenser and 100 c.c. of pure concentrated hydrochloric acid added; the end of the condenser tube projects into small flask containing 25 c.c. of concentrated nitric acid. The urine is now distilled, and to the distillate 25 c.c. more of nitric acid are added; it is then evaporated to a small volume on the water bath, 35 c.c. concentrated sulphuric acid added, and the evaporation continued until all the nitric acid is driven off. The decomposition of any small quantities of organic acids that may still be present, is effected by adding a few drops of strong nitric acid and again evaporating to a small volume. The residue contains all the arsenic that was present in the urine, which can be detected by the usual tests and determined quantitatively if desired.—*Phar. Zentralh.*

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

GYNECOLOGY AND OBSTETRICS.

W. H. VOGT, M. D.

The Correlation of the Ovarian and Uterine Functions.—(E. S. Carmicheal and F. A. H. Marshall, *British Med. Jour.*, No. 30, 1907.)—As the results of their experiments on rabbits and rats the authors have arrived at the following conclusions: 1. The removal of the ovaries in young animals (rodents) prevents the development of the uterus and fallopian tubes. These remain in an infantile condition. The subsequent growth and general nutrition of the animal seems to be unaffected. 2. The removal of the ovaries in adult animals (rodents) leads to fibrous degeneration of the uterus and fallopian tubes (most marked in the mucous membrane). The animal's subsequent health and nutrition remain good. These observations, for the most part, support the evidence obtained clinically in the human subject after surgical operation. 3. The removal of the uterus in young animals has no influence in preventing the further development of the ovaries. These are capable of ovulating and forming corpora lutea after adult life has been reached. 4. The removal of the uterus in an adult animal does not give rise to any degenerative change in the ovaries if the vascular connections of the latter remain intact. These latter observations do not support the contentions of those surgeons who advocate subtotal hysterectomy, believing that the functional activity of the ovary is in some way dependent on the presence of the uterus.

Tumors of Ovary Complicating Pregnancy.—(R. W. Lobenstine, *Bulletin of Lying-in Hospital of the City of New York*, Sept., 1907.)—In this article ovarian tumors are considered in relation to pregnancy and three subdivisions are made regarding the treatment: (1) During pregnancy; (2) during labor and (3) during the puerperium. During pregnancy he believes operation should be done as soon after diagnosis is made, as possible, for the maternal and fetal mortality is less, and the technic of the operation is simpler than in the later months. Regarding the second condition (during labor) no treatment is required if the tumor does not descend into the pelvis. If the tumor does come down into the pelvis then a gentle attempt at replacement should be made, if this does not succeed and the child is alive, a vaginal ovariectomy and late deliv-

ery or a Cesarean section with ovariectomy, or an abdominal section with subsequent delivery per vaginam, should be done, according to the circumstance. During the puerperium, the author believes that because there is great probability of trouble arising, these tumors should be removed by surgical operation as soon as possible, even if no serious symptoms supervene. He does not believe in puncturing cystic tumors, but thinks that the abdomen should be opened at once, in every case, if the cyst ruptures during delivery.

Eclampsia ; Its Treatment by Veratrum and Morphin.—T. G. Davis (Southern California Practitioner, Nov., 1907) makes use of chloroform as a temporary expedient and then administers one-third to one-half gr. of morphin hypodermatically with from 10 to 15 drops of tincture of veratrum viride, by this means he lowers the arterial tension and lessens the irritability of the nerve centers. If the results are not apparent in one-half hour the same dose is repeated. He believes that a relaxation takes place after such administration, and that if forcible delivery becomes necessary it can be done with greater safety because there will be less shock present and less anesthetic required.

The Frequency, Mortality and Treatment of Placenta Praevia.—(I. L. Hill, J. A. M. A., Jan., 1908).—Placenta praevia occurs six times as frequently in multipara as in primipara. In the author's outdoor charity service of 1800 cases, 87 per cent were multipara. Placenta praevia occurred eight times or 1 to 225. Since there is no prophylaxis the advance of the art of obstetrics has not reduced the frequency of this complication. In the prognosis there has been a constant improvement. He says: "In the hands of skillful obstetricians, with all advantages for treatment, the mortality is from 3 to 4 per cent of all cases coming to them in all conditions. The general average for all practitioners meeting cases is about 8 per cent." This increase in the rate of mortality for the general practitioner is due to the fact that he is generally not prepared for the emergency, that he must oftentimes act with not thoroughly clean hands and under the most disagreeable circumstances. The mortality of the general practitioner is mainly due to sepsis. There has been little reduction in the fetal death rate, which is still from 40 to 50 per cent. He says we should not be satisfied with a mode of treatment of a not infrequent complication that yields us such a high fetal death rate. In the presence of hemorrhage in the last third of gestation the cervix should be immediately dilated suffic-

iently to allow of diagnosis, even though it constitutes the first step in induction of labor. If placenta previa is established the uterus should be emptied as soon as possible. Tamponade with gauze tightly packed into the cervix and plugging the vagina is considered a useful preliminary step; the next step is to rupture the membranes. The Braxton-Hicks method is effective in controlling the hemorrhage, and is the safest procedure for the mother, but is unsatisfactory for the child. In place of the Braxton-Hicks method the use of the Champetier de Ribes bag is very effective. The hemorrhage is perfectly controlled, and the dilatation of the cervix proceeds. There is then an opportunity of doing a forceps delivery with a somewhat better outlook for the child. By means of conservative measures the maternal mortality has been greatly decreased, but the original fetal mortality remains the same. Our efforts should be directed to decreasing this mortality, Cesarean section has its value, but more statistics of this operation will place us in a better position to judge the value of it, and its limitations. In cases of long, rigid cervices, complete praevia and a viable child, if the surroundings are favorable, Cesarean section should be chosen in the interest of the child.

Deferred Operation for Ruptured Ectopic Gestation.—F. F. Simpson (Surg., Gyn. and Obst., Chicago, Nov., 1907) considers the question of immediate operation for ruptured ectopic gestation and combats the idea that the greater number of such cases almost inevitably bleed to death. One of the points that he emphasizes is that operation for the removal of the products of an ectopic gestation should take place at an elective period and under favorable conditions. The elective periods are, in his judgment, before rupture, or if rupture has occurred, within as short a time as the most favorable conditions demanded for other elective operations can be had. This time may be at once, where little depression of health has been caused, or at any time within several weeks if the patient is well-nigh exsanguinated.

Enuresis in the Female Due to Phimosis.—Charles E. McGirk (Surg., Gyn. and Obst., Nov., 1907) discusses the anatomy and the nerve supply of the female genitalia, and says that the clitoris has not been given the consideration that it should in the above named relation. He recommends examination of the clitoris, not only when a patient is presented suffering from enuresis, but as a routine practice in all gynecologic cases, as well as in children who are in the habit of handling or rubbing these parts. A num-

ber of cases are reported, in both children and adults, who were successfully treated by circumcision. The following is the mode of operation: "The prepuce is first freed of all its adhesions, to accomplish this it may sometimes be necessary to split the prepuce in the median, line. When freed, an incision is made through the skin of the prepuce along the margin of the labia minora, crossing over the glans and down the opposite side in the shape of a horseshoe. The prepuce is now grasped with rat-tooth forceps and denuded with scissors. Care must be exercised so that about three-sixteenths of an inch of prepuceal mucous membrane remains; the denuded surface, being about one-fourth of an inch aside, is brought together with four to eight interrupted catgut sutures. The dressing consists in dusting with aristol and covering with sterile gauze, which is held in place by a T-bandage.

Surgical Treatment of Puerperal Fever.—(Sir William J. Sinclair, M.D., Surg., Gyn. and Obst., Nov., 1907.)—In his contribution to the Nicholas Senn Festschrift, Sinclair discusses at length the history of puerperal fever, and concludes by quoting v. Herff, who says: "The essential causes of the recent increase in the mortality of child-bed fever in Prussia as elsewhere, are insufficient disinfection and mischievous meddlingness (unheilvolle Vieltuererei)." The following are his conclusions: 1. The mischievous meddlingness must cease, and operation must be resorted to only on clear indications for interference. 2. When symptoms indicating infection set in, action must be prompt and unhesitating. The distinction between puerperal sapremia and septicemia must be abandoned, and as a corollary we must abandon the weakness in action and the procrastination depending upon the distinction. 3. When symptoms suggesting puerperal peritonitis appear, and when after exact, watchful observation a presumptive diagnosis is reached, prompt operation is demanded. Operation in the future will save many unhappy women, such as we in the present permit to perish by inaction.

Concerning the Dangers and Treatment of Placenta Praevia.—Zweifel (Muenchner Med. Wochenschrift, Nov. 26, 1907) says that every case of severe bleeding in the second half of pregnancy should be treated as a case of placenta praevia, because of the danger of a second hemorrhage which may cost the mother's life. The woman should be tamponed for at least a week, unless the birth takes place sooner. For long continued tamponade the colpeurynter is the best. The

best method to control the hemorrhage is by means of Braxton-Hicks version, but extractions should not follow until the cervix is completely or nearly completely dilated owing to the danger of lacerations. Where a laceration is not to be feared active measures should be taken, and as the laceration takes place only when the head is being drawn through it is possible while waiting in this stage of labor to prevent a tear and yet to protect the child from suffocation by holding the fingers so that the child can draw air into its lungs by respiration, or by introducing a catheter into its mouth. The author deprecates the performance of either vaginal or abdominal Cesarean section in these cases.

DERMATOLOGY.

ROBERT H. DAVIS, A. M., M. D.

Bacterial Injections in the Treatment of the Diseases of the Skin.—(Schamberg, Gildersleeve and Shoemaker, Jour. Cut. Dis., Dec., 1907).—Extended clinical reports are furnished, in the above mentioned article, of cases treated. The frequency and dosage of the inoculations were, in some cases, determined by a study of the opsonic index, and, in others, by observing the clinical results alone. On the whole, they believe that their results were rather better when the procedure was determined by attention to the index. Cultures from the patient's own lesions were used in the majority of cases, and gave better results than stock bacterial emulsions, although the latter accomplished decided results at times. In nine cases of sycosis vulgaris treated, six were cured, two temporarily improved, and one showed no result. Three cases of furunculosis were either cured or much benefited. Of six cases of acne vulgaris, four were greatly benefited, two only slightly. Two cases of acne with sebaceous abscesses were decidedly improved, and in a case of eczema with pyogenic lesions, the pyogenic lesions were cured, and the eczema rendered amenable to treatment. It must be remembered that the majority of these cases were rebellious, of long standing, and had resisted approved treatments of all kinds. The authors experienced more beneficial results with this treatment in obstinate sycosis than with any other form of procedure save X-ray. "Such cases can be cured with X-rays, but it is necessary to bring about a permanent atrophy of the hair follicles, leading to more or less disfigurement." As a whole, the results in acne vulgaris were indefinite. In furunculosis, the results are more uniformly favorable than in any other disease.

The treatment of cases of eczema, psoriasis, and lupus erythematosus by this means is purely experimental as yet. In the cases noted, the sole reliance was placed upon the serum treatment, no local applications, or general treatment having been given except later in the rebellious and unsuccessful cases. Such a course was properly adopted in order to prevent an obscuring of the value of the treatment.

As to general and local reaction, within a few hours after inoculation, it was common for the patient to have an elevation of temperature of several degrees and some malaise. This condition did not often outlast 12 to 24 hours. The larger the dose given, the more pronounced was the disturbance. Many patients complain of some soreness at the site of inoculation for a few days following the injection. Rarely, decided local reaction occurs with even abscess formation. Usually, in such cases, the disease is rapidly benefited. Wright states that the greater the local reaction the greater the amount of bacteriotropic substances formed. The opsonic index, taken within the first 24 to 48 hours following the injection will usually be found to be lower than before. With this decline, there is often an aggravation of the cutaneous lesions. This "negative phase" may disappear in 40 to 72 hours, or may last several days longer, being followed by a rise in the index and an improvement in the clinical symptoms (positive phase). The dose to be employed varies with the degree of depression of the index, the type of infection, the organism used, and the age and condition of the patient. There are at times individual idiosyncrasies. The authors warn against an excessive initial dose, attributing some failures, or tardy results to this error. No absolute rule can be laid down as yet. Wright says: "The proper principle of dosage in any series of inoculations, is never to advance to a large dose until it has been ascertained that the dose which is being employed is too small to evoke an adequate immunizing response. A dose of vaccine may be adjudged too small as soon as it has been ascertained that its inoculation is not followed by a negative phase, and that the positive phase is not well marked, and is only of very short duration."

The Opsonic Method in Skin Diseases.—Dr. Arthur Whitfield (*Jour. Cut. Dis.*, Dec., 1907) on this subject gives as some of his conclusions that: (a) "The opsonic treatment for boils is uniformly successful, and is the only form of treatment for general furunculosis which is in the slightest degree reliable. (b) In sycosis, the treatment is a

valuable aid, but must be continued for long periods in proportion to the duration of the disease, and it is best combined with X-ray depilation. (c) In acne the treatment is uncertain. (d) In septic dermatitis and ulcers it is of very distinct value as an auxiliary. (e) In tubercular ulcerations, it is of great value. (The Editor has experienced good results in cases of furunculosis and abscess, with stock vaccines.)

A Further Note on the Etiology of Infantile Eczema.—Hall (*British Jour. Derm.*, Jan., 1908) published a series of articles on this subject, in this journal, in May-August, 1905. The present article presents the results of examination of additional cases, agreeing, for the most part, with those first published. Some interesting statements are that: (a) It is most common about the third or fourth month. Four-fifths of the cases appear during the first four months. (b) It is much more prevalent during the colder months. (c) There is a preponderance of males over females, greater than can be accounted for by the difference in birth ratio of the two sexes. (d) In most cases, brothers and sisters are not similarly affected. (e) There is no clear evidence that the mother's age when the child is born plays any part. (f) There is no evidence of vaccination as an etiological factor in infantile eczema, though the author admits that occasionally the coincidence is very striking. (g) There is strong evidence that first dentition has no etiological connection with infantile eczema. In over four-fifths of the cases first dentition had not occurred when the rash first appeared. The two events occasionally coincided. (This conclusion will be questioned by some prominent pediatricians and general practitioners as well.—Ed). (h) Vomiting does not occur in more than a small percentage of cases. Diarrhea also occurs in only a small percentage. (i) There is no evidence of rickets in most cases. When present it is usually after the eruption has lasted a long time. There is very rarely any wasting at the appearance of the eruption. (j) In 75 per cent of the cases, there is no evidence of skin disease past or present in the mother. (k) Children, breast-fed, either chiefly or entirely, furnished 85 per cent of the cases. (The attention of the editor was called several years ago, by Dr. E. W. Saunders, St. Louis, to the fact that a highly seasoned diet for the mother, especially if she used much pepper, was often a causative and continuing factor in infantile eczema in breast-fed children.) Hall concludes as follows: the face being the part first affected in 96 per cent of the cases, "such an uniformity of primary situation at

least suggests a diminished local resistance to ordinary external irritants of daily life, or the presence of some local irritant at that point. There is no local irritant particularly, whilst the fact that only 7 per cent of the cases began during the summer quarter, seems to support the view that exposure to cold winds may be the common external irritant. There is necessarily a good deal more to be ascertained before the eczema can be explained. That, however, is equally true of every case of eczema produced by any irritant."

Osteopathies of Quaternary Syphilis.—Drs. Gaucher and Levy-Bing (*Jour. Cut. Dis.*, Jan., 1908) aim to show that "quaternary heredo-syphilis may engender bone or joint lesions, generally mistaken for the tubercular lesion of same aspect; or at least that those bone and joint lesions exist with incomparable frequency in subjects showing undeniable heredo-syphilitic dystrophies." They examined 250 children suffering with various bone lesions and found a strikingly high percentage with syphilitic stigmata. Of the 250 cases examined, 68 showed at least three stigmata; for instance; dental alterations, a saddle nose, and fronto-temporal venous ecstasies. Heredo-syphilitic children having only one stigma were not counted, even when the single manifestation was as pathognomonic as saddle nose. Of the 68 cases mentioned many were under treatment for Pott's disease, others for unilateral hip disease, white swelling, suppurative cervical adenitis, etc. Of course, though, there is a very long step between these striking statistics, and the conclusion that all tuberculous lesions, presented by those children, have a syphilitic origin. The observations lack therapeutic proof, also. Many such lesions, although manifestly of syphilitic origin, do not yield to mercury, because they belong to quaternary heredo-syphilis. Here lies "the difference between tertiary heredo-syphilitic osteitis, and quaternary heredo-syphilitic osteopathies. The former are cured quickly and permanently by the specific treatment, while the latter are little, or not at all modified by the same." Their conclusions are that: (a) It may be beneficial in doubtful cases, if any circumstances lead us to expect an hereditary taint, to give mercurial treatment. Sometimes unexpected cures or favorable changes will occur. (b) "Heredo-syphilis, either directly or in the second generation, is an important factor in the production of suppurative bone and joint conditions of childhood; white swelling, hip, and Pott's disease; whether the lesions be directly dependent on quaternary heredo-syphilis, or

whether hereditary taint be only a capital, predisposing cause for tuberculous lesions."

Easy and Rapid Method of Micro-Chemical Research for Mercury in the Urine.—Lombardo (*Jour. Cut. Dis.*, Jan., 1908) gives the following technique: Pour five cc. of filtered urine (preferably immediately after micturition), into a test-tube. Add one drop of egg albumin and shake. Then add 3 cc. of a 12 per cent solution of chloride of tin, filtered at the moment of using and hyperacidified with 25 per cent of hydrochloric acid. "The urine, at first shows turbidity, then becomes clear, and finally opalescent from the tardy coagulation of the albumen." Then centrifuge and examine the precipitate under a power of 600 diameters. If mercury is present, it appears in the form of extremely minute black globules of metallic mercury. It is well to carry out the test also with normal urine for the purpose of comparison.

DEPARTMENT OF HEALTH WITH A LAY DIRECTOR.—A recent ordinance of the Cleveland city council abolished the Board of Health and created a new Department of Health under the supervision of the Board of Public Service. The members of the Health Board accordingly handed in their resignations. Under the new arrangement Mr. Starr Cadwallader has been appointed Director of Health and has already taken steps to familiarize himself with the details of his work. What further changes are to be made in the personnel or conduct of the department are at this moment unannounced, but its organization and work will be watched with the keenest interest by those most vitally concerned in its efficiency—the medical profession.

FRESH-AIR SCHOOL.—A fresh-air school, unique among educational institutions in this country, was opened in Providence, January 27. The school is conducted indoors, with great swinging windows on the three sides of each room, extending the length and width of each room, and an extensive system of ventilation affords an atmosphere of cold, pure air, free from germs. The idea of establishing the school was first suggested by the Rhode Island League for the Suppression of Tuberculosis, which had heard of the satisfactory results attained by schools of the kind in Europe. The pupils do not remove their outer wraps unless the weather requires closing the windows. The teaching force of the institution has been selected largely from experienced instructors and is under the direction of a corps of experts who have made the subject an object of especial study.

SOCIETY PROCEEDINGS

ANNUAL MEETING OF THE JACKSONVILLE (ILL.) ANTI-TUBERCULOSIS SOCIETY.

The fourth annual meeting of the Jacksonville society for the Prevention of Tuberculosis was held in the lecture room at the public library on February 8, 1908. The lecture room was jammed and packed with people and the meeting was the most successful that has ever been held. The meeting was called to order by Andrew Russell and a short business meeting was held, at which the report of officers for the past year was received and the officers for the coming year elected. They were: President, A. T. Capps; first vice-president, Dr. Josephine Milligan; second vice-president, Dr. R. O. Post; medical director, Dr. Pitner; secretary, Dr. Hardesty; treasurer, E. E. Crabtree; executive committee, Hon. Thomas Worthington, W. E. Veitch, E. M. Vasconcellos, Mrs. Frank E. Heinl and Mrs. Carl E. Black.

Andrew Russell has served the society for two years as president and declined another term. Dr. J. W. Hairgrove, who has been the medical director, declined to serve longer, assigning as his reason that the office should go to a regular practitioner of medicine and one who came in contact with cases of tuberculosis. The officers elected with these two exceptions are the same as they were last year.

After the business of the society had been transacted Dr. Russell introduced Dr. Robert H. Babcock of Chicago, who delivered the annual address for the society on "Tuberculosis," discussing its causes and treatment. Dr. Babcock's address was a most instructive and entertaining one. He reviewed the history of tuberculosis up to the discovery of the tubercular bacilli by Dr. Koch and in a most delightfully instructive lecture told of what had been done in the twenty years following his discovery.

Dr. Babcock compared the insidious workings of tuberculosis with the spectacular diseases of measles, smallpox, diphtheria, cholera and similar diseases and showed that the death list of tuberculosis was far greater than from all spectacular disease. It is slow in its work, but it works all the time and is with us all the time.

Dr. Babcock discussed the ways in which tuberculosis is contracted, discussing the various theories advanced by learned men of the profession. Some hold that the disease is conveyed by taking the disease in the system in the food; others that it might be contracted through the skin and another theory that the germs entered the system

through the lungs in breathing. It was shown that the disease was spread by persons expectorating. The speaker had various types of boxes for expectoration that should be used and stated that the contents should be destroyed.

In discussing the treatment of the disease Dr. Babcock made it very clear that the fresh air treatment was the treatment. He discussed the work of the celebrated German sanitariums and of the work of the sage of Saranac in this country at Saranac, N. Y., in the Adirondack mountains. He gave a number of views of the methods that the sensible and intelligent physicians of the large cities were using in getting their patients on the roof or fire escapes where they were unable to go out in the country or suburbs rather than shut them up in the crowded, stuffy tenement houses.

Dr. Babcock is the apostle of fresh air in the treatment of tuberculosis and there is little question but that his audience agreed with him as to the air cure.

The work of Dr. Herman Biggs of New York, in combating and preventing tuberculosis was discussed and the requirements of the society of which he was the head were given. They were: First, compulsory notifications of tubercular cases to the health warden; second, proper disinfection in cases where patient dies or is removed; third, the establishment of sanatoria for caring for the disease; fourth, establishing tubercular clinics for the benefit of physicians and nurses; fifth, training nurses for going among the poor in the tenement districts and instructing them as to the disease; sixth, providing for furnishing the poor of New York with milk certified to be free from tuberculosis germs.

Dr. Babcock insisted that these requirements could be carried out anywhere and with the open air treatment most satisfactory results could be obtained. At the conclusion of the address Principal McGill and Superintendent Furr with several local physicians made short talks. A. T. Capps moved that a vote of thanks be extended to Dr. Babcock for his excellent address which was carried unanimously.

Dr. Milligan made a motion which was in the nature of a resolution asking that all physicians be requested to report all cases of tuberculosis to the city health warden and that this officer be requested to see personally that the houses were properly disinfected. This was unanimously adopted.

The Jacksonville society is under obligations to Superintendent Gillett and Mr. Taylor of the Institution for the Deaf for the use

of the stereopticon and for kindly operating it for Dr. Babcock.

A little booklet was distributed by the society treating of the nature of the disease of tuberculosis, danger and source of contagion and how to prevent and cure the disease with advice for the sick and well. It also gives some statistics of Morgan county as compiled from the records for 1906. They are as follows:

Population, 35,000. Entire loss from deaths 300. Deaths from consumption, 60.

By months—January, 10; February, 2; March, 1; April, 8; May, 6; June, 4; July, 4; August, 7; September, 4; October, 6; November, 4; December, 4.

Males 25, females 33, white 51, black 8; married 24, single 33.

Jacksonville precinct 20.

Illinois Central Hospital for Insane 19.

Morgan county, outside of Jacksonville precinct 21.

City of Jacksonville—First ward, 4; second ward, 7; third ward, 4; fourth ward, 5.

Ages 1 to 10, deaths 5.

Ages 10 to 20, deaths 5.

Ages 20 to 30, deaths 11.

Ages 30 to 40, deaths 14.

Ages 40 to 50, deaths 11.

Ages 50 to 60, deaths 4.

Ages 60 to 70, deaths 6.

Ages 70 to 80, deaths 3.

Of the sixty deaths in Morgan county from tuberculosis, 35 or about 60 per cent were between the ages of 14 and 50.

Banner years for tuberculosis in the last twenty-seven years: 1902, 70 deaths due to consumption. 1903, 66 deaths due to consumption. 1904, 62 deaths due to consumption. 1906, 60 deaths due to consumption.

In the same period the least number of deaths due to consumption, in any one year were 32, in the year 1907.

One death from consumption every six days for the entire year of 1906 in Morgan county.

WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Seventeenth Annual Meeting, held in St. Louis, December 30-31, 1907.

(Continued from page 77.)

Harrington's Solution in Suppurative Inflammations of the Knee Joint.

Dr. J. E. Summers, Omaha, reported an interesting case in which this solution was used, and said that while his experience with Harrington's solution is not great, it can be used very advantageously in infective wounds

where it is applicable. After thorough surgical cleansing of a wound or abscess cavity, the solution is allowed to remain in contact with all its surfaces for from three to five minutes; it is then irrigated or sponged away, and the particular wound dressed as required. Harrington's solution has, besides its established antiseptic property, the power, when applied to a raw surface, to produce a copious discharge of serum, thus aiding the washing away of noxious elements from the wound.

Dr. Charles H. Mayo emphasized the value of Harrington's solution as antiseptic, and said that it is one of the best and least destructive we have in use for suppurating wounds.

Early Restoration of Function After Excision of Elbow in Tuberculous Cases.

Dr. G. G. Cottam, Rock Rapids, Iowa, related the history of a young farmer who suffered from tuberculosis of the capitulum humeri, with ankylosis of the elbow, in which it was very desirable to secure early use of the arm. Excision by Kocher's incision was done, and through this means and by radical modification of the after-treatment from that usually employed, together with the fact that the operation was done before the soft parts were extensively involved, brought about the desired result, the patient being able to do heavy work after the eighth week.

The Abdominal Incision.

Dr. Clifford U. Collins, Peoria, Ill., drew the following conclusions: 1. Abdominal incisions should be placed so that they will pass through both aponeurosis and muscle. 2. The incision in the aponeurosis and in the split in the muscle should run in different directions. This can be done in a large majority of abdominal operations. 3. A longitudinal incision should not be made through the linea alba or the sheaths of the rectus at a right angle to the combined pull of the three side muscles when it is possible to avoid it. 4. For very large tumors in cases where the character and location of the pathology is in doubt, the longitudinal incision is probably necessary. 5. If the longitudinal incision is necessary, the split in the rectus should not be continuous with the aponeurotic incision, but should be placed to one side, and preferably through its inner half to avoid the intercostal nerves which enter the outer half. 6. It will take longer time and more experience to demonstrate the correctness of these conclusions.

Arthrodesis and Tendon Transference in Paralytic Club-Foot.

Dr. John Prentiss Lord, Omaha, Neb., advised arthrodesis and tendon transference in cases of paralytic club-feet for the following reasons: 1. To prevent the return of the deformity, which so often occurs where braces alone are used. 2. To avoid loss of time during which the child becomes confirmed in the habit of deformity. 3. Because younger children learn to walk anew much easier than do those of more advanced years. 4. Where the patient is financially unable to meet the expense of prolonged treatment with braces. 5. By preventing return of deformity the parents do not fall into the habit of thinking nothing can be done. 6. It utilizes to best advantage the remaining muscular power, and gives the best possible results to be obtained in these cases.

The degree of work done depends on the amount of deformity. Ordinarily, removal of the articular surfaces from the tibio-astragaloid, astragalo-scapoid and calcaneo-cuboid is done to effect arthrodesis. In addition, transference of the tibialis anticus to the common extensor for toe-drop is done, while in extreme equino-varus, astragalectomy, with removal of the joint surfaces from the calcaneo-cuboid articulation, and even suturing the tibialis anticus to the periosteum on the outer side of the cuboid, may be demanded. In some cases even the flexor longus hallucis is brought through the inter-osseous membrane and sutured to the common extensors. In the rare cases requiring muscle-splitting, he said one should avoid severing the transverse nerve fibers in the body of the muscle. Dr. Lord has used catgut sutures, except where the tension is heavy, when he uses new silk, boiled in bichlorid, dried and reboiled in paraffin, before operation. In more than 40 consecutive cases the results have been very satisfactory. In joint cases, cigarette drainage was used to take away oozing. This was gradually removed, no suppuration taking place. Heavy casts were applied as long as six months, the use of the foot being gradually increased, after three or four months. The results have been very gratifying, the majority of patients having been able discard braces or crutches within reasonable time.

[To be continued.]

A high temperature just after or during an abortion is evidence of intrauterine manipulation, especially if the discharge from the uterus is fetid.—Amer. Jour. of Surgery.



THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

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CLINICAL THERAPEUTICS

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RESPIRATORY TRACT; AFFECTIONS, SYMPTOMS AND TREATMENT.

ARTHUR B. SMITH, M. D.

SPRINGFIELD, O.

The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease.

Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but nevertheless, there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good. It is not always easy to find such a remedy, but when it is once found, it is equally difficult to dispense with, and often the physician is almost compelled to resort to a routine treatment. In such cases, of course, he wants the best.

There are constantly being placed on the market new formulas for affections of the air passages. Some of these formulas are of undoubted benefit in some cases, but usually it will be found that the results are far from satisfactory. Many of them cannot be taken when there is any gastric complication, as is sometimes the case, because of consequent nausea and vomiting. Others seem almost invariably to act as cardiac depressants and are highly objectionable for that reason.

In phthisical patients the well-known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants called glyco-heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features.

In citing some of the cases treated with this remedy I shall not go into a minute description of any case, but briefly state the conditions which existed and the results obtained, which were uniformly good:

Case 1.—S. B., aged 16. Caught a severe cold while traveling. This developed into an unusually severe attack of bronchitis with mucous, rales, pain cough and some slight fever. Prescribed glyco-heroin (Smith) one teaspoonful every two hours, decreased

to every three hours. After a few doses were taken there was a decided improvement, the respirations were slower and deeper, the expectoration freer and the temperature normal. In a few days the patient was practically well and able to return to school. No medicine except glyco-heroin (Smith) was given and the results from its use were excellent.

Case 2.—W. L., aged 31. Acute bronchitis. Painful cough, with difficult expectoration, particularly when in a reclining posture. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief and a cure was effected in a few days.

Case 3.—B. E., aged 26. Severe bronchitis accompanying an attack of influenza. Various remedies were tried in this case, with negative results, until glyco-heroin (Smith) was given in teaspoonful doses every three hours. In a short time decided relief was obtained and the cough stopped permanently.

Case 4.—R. L., aged 6. Capillary bronchitis with pains over chest, cough and difficult expectoration. Glyco-Heroin (Smith) administered 15 drops every three hours. After taking a few doses the condition was much improved, and a speedy return to perfect health followed.

Case 5.—W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucous was present, requiring great expulsive effort to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10 drop doses every two hours with good results. This was combined with hygienic treatment, the patient being given as much of fresh air as possible. In a few days the condition was much ameliorated, the cough under fair control, expectoration was freer and easier to rise, and convalescence uneventful. The case was discharged cured and there were no unpleasant sequelae, the patient at present being in perfect health.

DR. W. A. EGBERT, a practicing physician in Spokane, has just awakened from a sleep of 312 hours, during which a dozen of the foremost medical men in eastern Washington failed to arouse him. While the happenings of the thirteen days are as a blank to him he came out of the sleep refreshed and with a cleared vision and a healthy appetite, declaring also that his heart action is better than it has been in fifteen years. The case is one of the strangest known to the profession in the Northwest.